



COUNTY BOROUGH OF SWANSEA

ANNUAL REPORT

of the

Medical Officer of Health

FOR THE YEAR

1956

C O U N T Y B O R O U G H O F S W A N S E A .

A N N U A L R E P O R T

o f t h e

M E D I C A L O F F I C E R O F H E A L T H

f o r t h e y e a r

1956.

HEALTH COMMITTEE.

Constitution 1956-7.

His Worship the Mayor,
Councillor G.H. Libby, J.P. ⌘

Chairman - Alderman D.J. Fisher, ⌘

Vice-Chairman - " Dr. T.C. Mort ⌘

Alderman Mrs. R. Cross, J.P. ⌘

Councillor Dr. L.W. Hefferman ⌘

" Mrs. E. Jones ⌘

" A.H. Jones

" D.M. Williams

" A. Morgan ⌘

Councillor D.F. Bevan

" A.L. Reed

" G.A. Gorst ⌘

" H.F. Strawford ⌘

" R. Gronow, J.P. ⌘

" C.H. Thomas

" Mrs. M. Hathaway

⌘ Members of the Standing Sub-Committee.

C O N T E N T S

	<u>Page</u>
Health Committee, names of	2
Contents, List of	3
Preface	4
Officers, names of and Staff Changes	13
General Statistics	18
Births and Deaths	19
Infectious Diseases	25
Care of nursing and expectant mothers and children under school age	28
Domiciliary Midwifery	34
Health Visiting	37
Home Nursing	39
Artificial Immunity	40
Ambulance Service	44
Prevention, Care and After Care (including tuberculosis and venereal diseases)	44
Domestic Help	60
Health Education	60
Mental Health	61
Hospital and Nursing Homes	68
National Assistance Act (Welfare) Services	69
Environmental Services	110

Appendix.

Memorandum submitted to Health Committee on "The Report of the Committee of Enquiry into the Cost of the National Health Service."	160
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P R E F A C E.

To the Mayor, Aldermen and Councillors
of the County Borough of Swansea

Mr. Mayor, Ladies and Gentlemen,

I beg to submit my Annual Report in accordance with Articles 6(3) and 17(5) of the Sanitary Officers (Outside London) Regulations 1935 and 1951 and Circular 19/56 (Wales) dated 11th December 1956.

The report follows the same lines as that of previous years and any changes in administration are included in the context of the Report.

VITAL STATISTICS.

The mid-year population as estimated by the Registrar-General was 161,700, an increase of 400 on that of the previous year, and the highest estimate since 1950. The natural increase in the population was 482 as compared with 210 and 312 for the years 1954 and 1955 respectively.

The live birth rate was 15.8 per 1,000 population, greater than last year when it was 14.6 and greater than that for England and Wales, 14.6 per 1,000 population.

The stillbirth rate was 0.42 per 1,000 population, greater than that for England and Wales, 0.35 per 1,000 population. The rate of 0.42 was also greater than that for the previous year. In fact the rate is the highest since 1949 when it was 0.50 per 1,000 population. During the last four years the rate has increased from 0.34 to 0.42 and the number of stillbirths from 55 to 68. However, the stillbirth rate for the year per 1,000 total births was 26.0 compared with 26.4 for last year. There is no room for complacency, despite the fact that during the last two decades remarkable reductions have been made. It will be observed that the number of stillbirths is increasing and the loss of a child by stillbirth is as tragic and regrettable as the loss of a living born child. Much work remains to be undertaken ⁱⁿ to the causes and prevention.

The number of deaths registered during the year was 2,065 and the crude death rate 12.7 per 1,000 population, which was greater than that for England and Wales, 11.3 per 1,000 population, but less than that for the previous year when it was 13.3. The reduction in the number of deaths registered was 82.

Of every 100 deaths registered, 4 were in respect of children under 15 years of age, 31 were in respect of persons 16 - 64 years of age and the balance, 65 represented people over 65 years of age.

The total number of deaths from tuberculosis was 23, all due to the respiratory form of the disease. There was no death attributable to the non-respiratory form and this must surely be considered a magnificent achievement. The tuberculosis mortality rate continues to decline. In the year under review it was 0.14 per 1,000 population, and less than that for the previous year, 0.22 per 1,000 population. The rate for England and Wales was 0.12 per 1,000 population so that although great progress is being made in this authority, we have still a lot more to achieve and it would be well for the following remarks of our Chest Consultant to be well heeded:-

"..... the only criteria of diminished infection would be a reduction of primary infection. In this area, in spite of an apparent decline in the morbidity rate, this is not the case. The number of primary infections, as shown by primary pleural effusions, erythema nodosum, primary lung lesions, remain unchanged."

The total deaths registered from cancer was 367, or nearly 18 out of every 100 people dying. The number of deaths from carcinoma of the lung and bronchus was 73, one less than the previous year. At the time of preparing the report the Minister has indicated that he has been advised that there is a statistical relationship between extensive smoking and cancer of the lung. It would therefore appear that this is a matter largely for the individual to decide, but more will be said about this next year.

Deaths of infants under one year numbered 71, an increase of 3 over that of the previous year. The rate was 27.9 per 1,000 live births, less than that for last year 29. The rate per 1,000 related births for England and Wales was 24.

INFECTIOUS DISEASES AND ARTIFICIAL PROPHYLAXIS.

There was no major epidemic of infectious diseases and the more common forms presented no difficulty whatsoever, all being well controlled.

For the eighth year, it is pleasing to record that there was no notification of diphtheria, but I wonder how long this most satisfactory state will continue? Despite all the national and local publicity campaigns, clinic lectures and advice, many parents still ignore the warning given to them. Of the children between one and four years, only half were immunised by the end of the year.

This laissez-faire attitude is undoubtedly caused by the fact that the public appear convinced that the disease has disappeared forever, and secondly due to confused ideas of the relationship between injections and poliomyelitis.

The following table showing the deaths from and corrected notifications of diphtheria for the past few years for England and Wales indicate quite clearly that the disease is still prevalent in other parts of the country and that it still kills:-

<u>Year.</u>		<u>Deaths.</u>	<u>Corrected</u> <u>Notifications.</u>
1948	...	156 (7)	3,575 (190)
1949	...	84 (1)	1,890 (102)
1950	...	49 (Nil)	962 (62)
1951	...	33 (1)	664 (53)
1952	...	32 (3)	376 (39)
1953	...	23 (Nil)	226 (17)
1954	...	9 (Nil)	173 (7)
1955	...	13 (Nil)	155 (1)
1956 (Provisional)		8 (Nil)	51 (2)

Throughout the figures first quoted are those for England and Wales. Figures in parenthesis immediately following are for Wales alone.

As mentioned in my last year's report, in January of the year under review, the Minister asked local authorities to prepare proposals for a scheme of vaccination against poliomyelitis. A full report on this matter is included in the section of my report dealing with artificial immunity.

MATERNITY AND CHILD WELFARE.

A further weekly infant welfare session was arranged at Treboeth Clinic to meet the increased attendances at this clinic, and negotiations were commenced with a view to renting property in the Fforestfach area for a weekly infant welfare session.

The arrangements which were made with the Carmarthenshire County Council for the reservation of beds at their Unmarried Mothers Hostel at Burry Port were terminated on the 1st April. From that date, arrangements for the care of unmarried mothers have been made with the Swansea and Brecon Diocesan Moral Welfare Association and our scheme under Section 22 of the National Health Service Act 1946 has been amended accordingly and approved by the Ministry.

During the year, the Report of the Working Party on Health Visiting was published and a short report is included in the section dealing with the health visitors work.

B.C.G. VACCINATION.

The B.C.G. Vaccination scheme of school children was further extended during the year to include several private schools, and now with the exception of two small private schools, all children of the requisite age are eligible for inclusion in the scheme.

"NIGHT SITTERS"

A "Night Sitters" Scheme was approved by the Council and for full information regarding this scheme readers are referred to the section of the report dealing with Prevention, Care and After-Care of Illness.

HEALTH EDUCATION.

A second "Mothers' Club" was opened. This was at Treboeth and is held in the premises rented by the authority for its ante-natal and infant welfare clinics.

MENTAL HEALTH.

Progress was made with the adaptation work being undertaken at the Industrial Centre for Adult Male mental defectives and it was re-occupied during 1957.

It is also most gratifying to report that the Ministry has now approved our plans for the building of a new Occupation Centre (see section on Mental Health).

HOMES FOR THE AGED AND PART III ACCOMMODATION.

The original plan for the Homes for the Aged was for the provision of seven Homes. The last Home in this programme was completed in 1953. During the year under review, attention has been given to improvements in the Homes and the provision of better facilities for its residents. Sweets have been issued to female residents and male non-smokers; there has been an increase in the number of concerts provided and we are greatly indebted to all the voluntary organisations who have undertaken the responsibility of providing this form of entertainment. An increasing number of residents have undertaken occupational therapy provided by the Department. All these matters have helped to kill boredom, one of the biggest enemies of the old folk who are living in Homes.

During the year there were a number of discussions with officers of the Glantawe Hospital Management Committee and the Regional Hospital Board to consider a plan whereby the local authority would hand over to the Regional Hospital Board, Block 1 at Mount Pleasant Hospital. This Block could then be adapted for chronic sick accommodation and would go a long way to improving the great shortage of this type of bed in the area. However, since Block 1 already provides accommodation for a number of our male residents, it would be necessary to provide alternative accommodation for them. It was suggested to the local authority that accommodation for these residents could be provided by adapting Blocks 9 & 10, which are already in use as Part III Accommodation for female residents. This suggestion was considered by the Health Committee towards the end of the year under review, and, after the Borough Architect reported that the cost of this work would be in the region of £14,000, it was decided to defer the matter until such time as the officers had had an opportunity of considering the acquisition of other property for adaptation or, alternatively, build a new Home for the Aged.

CWMLLWYD PROBLEM FAMILY HOSTEL.

The work of rehabilitation at Cwmllwyd Hostel for Problem Families continued throughout the year. It was considered that one family had improved sufficiently to be rehoused by the local authority. When this family was rehoused it proved to be an encouragement and great incentive to other families resident there.

CHRONIC SICK.

The problem of the aged chronic sick was again very evident during the year. I cannot see that there will be any improvement until more accommodation is provided and, as readers will have already read above, an effort is being made to find a solution. All cases drawn to our attention are thoroughly investigated and, acting in the closest co-operation with the officers of the Glantawe Hospital Management Committee, beds are obtained as quickly as possible.

WORKSHOPS FOR THE BLIND.

Discussions with representatives of the Glamorgan County Council, Ministry of Labour and National Service, and the Swansea and South Wales Institute for the Blind concerning the establishment of a new Workshop for the Blind at Clase Road, Morriston, continued during the year. I am pleased to report that the preliminary plan of the new Workshop has been accepted in principle by the Ministry of Labour and National Service, and the Borough Architect was instructed to proceed with the preparation of the plans and detailed estimate of the cost of the completed scheme for submission to the Ministry.

At the time of preparing this report, a tender for the construction of the Workshops had been accepted by the Council and submitted to the appropriate Ministry for loan sanction.

DEAF AND DUMB.

The Council has decided that the Swansea and District Deaf and Dumb Mission shall act as its agent in respect of the Welfare Services to be provided for the Deaf and Dumb. A report on the work under-

taken by the Mission is included in that section of the report outlining our welfare services.

OTHER HANDICAPPED PERSONS.

At the end of 1955 the Council had approved schemes only in respect of the welfare of the blind and deaf and dumb. During the year under review a scheme was approved to provide for the welfare of other handicapped persons, and details of this scheme and its administration will be found in the context.

VOLUNTARY ORGANISATIONS.

During the year, the Voluntary Organisations have played an increasingly important part in the welfare of old people. Special mention must be made of the work undertaken by the Swansea Old People's Welfare Committee and the Women's Voluntary Service. The former has organised a Chiropody Service for the aged and the latter extended its "Meals on Wheels Service".

SECTION 47, NATIONAL ASSISTANCE ACT.

No person was compulsorily removed under Section 47 of the National Assistance Act.

CARE OF PROPERTY.

Where no arrangements are being made for the care of property of persons admitted to hospital or Part III Accommodation and it appears to the Council that there is a danger of loss or damage to that property, it is the duty of the Council to take reasonable steps to prevent or mitigate the loss or damage.

This function of the department is not very well known but it is very important and often times presents great difficulties. Premises have to be secured and cash and securities taken into possession. The responsibilities assumed by the officers of the department in this connection are very great and, consequently, they must be of the highest integrity. During the year over £2,000 was taken into safe keeping.

GENERAL.

The Sanitary Inspectors (Change of Designation) Act 1956 became law on the 2nd August.

It was an Act to change the designation of sanitary inspectors to public health inspectors and references in any enactment or any instruments having effect by virtue of any enactment to sanitary inspector so appointed shall be construed accordingly.

I also wish to refer readers to the excellent report submitted by the Public Analyst. In this report he comments on certain new legislation, i.e. The Food and Drugs Act 1955, including the new Statutory Instruments which were consequential upon the introduction of the 1955 Act and the Clean Air Act 1956.

Finally I cannot conclude the report without reference to the Guillebaud Report. This is a report of the Committee of Enquiry appointed by the Minister into the cost of the National Health Services. The report runs to 309 pages including 23 pages of appendices and reservations by two members of the Committee. Many reformers will be disappointed in this Report and I feel that it can be summarised in the following words:- The National Health Service must be given a further trial before any significant changes in its structure can be attempted. I presented a memorandum of this Report to the Health Committee in March and this is printed as an Appendix to this report.

ACKNOWLEDGEMENTS.

I again wish to thank the Chairman and members of the Health Committee for their help and support throughout the year.

Most of you will recall that, for a long period of the year under review, our Chairman, Alderman D.J. Fisher was seriously ill in hospital and underwent a major operation. We are all very glad that he is back amongst us again, and I know he will agree that a special word of thanks is due to the Vice-Chairman, Alderman Dr. T.C. Mort, for his help and co-operation during the time he was away.

I also wish to record my thanks to the consultants, family doctors and all concerned in the hospital and medical services for their continued help; and once again I acknowledge my debt to the chief officers of other departments for their unfailing help and contributions to this report; and to my loyal staff for their ever faithful assistance.

I am, Mr. Mayor, Ladies and Gentlemen,
Your obedient servant,

E. B. MEYRICK.

Medical Officer of Health.

Papers read by Medical Officer of Health during the
year.

1. "Man and His Environment" at the South Wales Regional Conference of the National Housing and Town Planning Council.
2. "Problem Families: Their discovery and Rehabilitation" at a Sessional Meeting of the Royal Society of Health at Swansea.

COUNTY BOROUGH OF SWANSEA.

Public Health Officers.

Medical Officer of Health.

E.B. Meyrick, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.

Deputy Medical Officer of Health.

A.J. Essex-Cater, M.R.C.S., L.R.C.P., D.C.H., D.P.H.,
D.I.H., F.R.A.I.

Lay Administrative Officer.

S.F. Fisher.

Medical Staff.

Whole-time Assistant Medical Officers.

R.G. Richards, M.R.C.S., L.R.C.P.
D.E. Donald, M.B., Ch.B. (Glasgow)
M.R. Davies, M.B., B.Ch., M.R.C.S., L.R.C.P.
G.J. Lowe, M.R.C.S., L.R.C.P.

Part-time Assistant Medical Officer.

G.N. Ellis, M.B., B.S.

Temporary Part-time Assistant Medical Officer.

E. Hudson, M.B., Ch.B.

Consultants.

Chest Physician	T.W. Davies, B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
Gynaecologist	Vyvyan Davies, M.D., M.B., B.S., M.R.C.S., L.R.C.P., F.R.C.S., D.R.C.O.G.
Ophthalmologist	F.G. Hibbert, M.B., F.R.C.S., D.O.M.S.
Orthopaedic Surgeons	G.D. Rowley, B.Sc., M.B., M.C. Mervyn Evans, F.R.C.S.
Ear, Nose & Throat Surgeons	C.P. Robinson, M.B., B.Ch., B.A.O., F.R.C.S. J. Crowther, M.B., Ch.B., F.R.C.S.
Paediatrician	R.T. Jenkins, M.R.C.S., M.R.C.P., D.C.H.
Psychiatrist	G. Crosse, M.B., B.S., D.P.M.

Dental Staff - Whole-time.

Senior Dental Surgeon	H.N. Tiplady, L.D.S.
Senior Asst. Dental Surgeon	J.F. Herbert, L.D.S.
Asst. Dental Surgeons	N.J. Rowlands, L.D.S., R.C.S. (Edin.) Mrs. K.W.L. Hambury, L.D.S., R.C.S. H. Care, L.D.S., R.C.S.

Dental Staff - Part-time.

C.P. Morris, L.D.S.

Six Dental Attendants.

Consulting Veterinary Surgeon.

D.E. Pugh, M.R.C.V.S.

Public Analyst.

Stanley Dixon, M.Sc., F.R.I.C.S.

Public Health Inspection
Chief Public Health Inspector.

D.F. Jones, C.R.S.I., Meat & Other Foods Certificate.

Deputy Chief Public Health Inspector.

D.H. Jones, C.R.S.I., Meat & Other Foods Certificate.

Ten Assistant Public Health Inspectors.

Health Visitors & School Nurses.

Superintendent Health Visitor and School Nurse.

Mrs. M.E.I. Richards, S.R.N., S.C.M., H.V.C.

Chief Assistant Health Visitor and School Nurse.

Miss E.K.M. Williams, S.R.N., S.C.M., H.V.C.

Twenty-eight Full-time Health Visitors and School Nurses.

Clinic Nurses.

Ten full-time Clinic Nurses.

Scabies Treatment Centres.

Two Nursing Assistants.

Orthopaedic Staff.

Senior Orthopaedic Nurse.

Miss C.V. Thurston, M.C.S.P., Orthopaedic Certificate
2 Assistant Orthopaedic Nurses

Municipal Midwifery Service.

Medical Supervisor of Midwives.

G.N. Ellis, M.B., B.S.

Lay Supervisor of Midwives.

Miss M.A. Arthur, S.R.N., S.C.M.

Midwifery Teacher.

Mrs. R.J. Ratcliffe, S.R.N., S.C.M.

Eighteen full-time District Midwives.

District Nursing Service.

Superintendent District Nurse.

Miss I.M. Davies, S.R.N., S.C.M., H.V.C.

Deputy Superintendent District Nurse.

Miss E. Bamford, S.R.N., S.C.M., Q.N.

Twenty-two full-time District Nurses.

Four Temporary Part-time Relief Nurses.

Mental Health Services.

Miss M.D. Collins, R.N. (M.D.) Supervising & Authorised Officer.

T.O. Hughes Assistant Supervising and
Authorised Officer.

A.J. Penhorwood Superintendent - Industrial
Centre.

Mrs. E. Beale Superintendent - Occupation
Centre.

Miss G. Evans Assistant Superintendent,
Occupation Centre.

Mrs. S.J. Screech Assistant Superintendent,
Occupation Centre.

Mrs. F.M. Birchenough Assistant Superintendent,
Occupation Centre.

K.J. Johnson, S.R.N. Assistant Superintendent,
Industrial Centre.

G.V. Bridgeman do. do.

Residential Accommodation - Homes for Aged & Infirm.

W. Powell Warden

Miss L. Griffiths Warden - Female Homes

Miss V. Griffiths Handicraft Instructress

Welfare Officer.

C. Fisher

Blind Welfare Officer.

Miss P.M. Jones, B.A.

Administrative & Clerical.

Assistant Lay Administrative Officer.

J.H. Smith, A.C.C.S., A.I.S.W.

Administrative Assistants.

School Health Service
Welfare
General Health
Finance

F. Thomas, D.M.A.
J.D. Evans
S.G. Williams
H.G. Austin

Clerks.

T.B. Bevan
Miss O. Butt
" E. Crabbe
D.W. Davies
Miss D.L. Davies
" M.H. Davies
P.F. Davies
Miss K. Eaton
" G. Fowler
R.E. Grey
Mrs. A.M. Harry
A.L. Hodge
T.J. Hopkin
G.A. Hoskins
Miss E. Jones

G.T. Jones
Miss V. Jones
F.H. Kent
Miss E.G. Luff
" R. Pallatt
J.G. Phillips
H. Powell
Miss V.M. Rees
" P. Ronan
" L.M. Taylor
" S. Theophilus
" N. Thomas
C.E. West
A.H. Wooles
Miss A. Yonge

Stenographers.

Miss G. Bevan
" R.R. Cole
" J. Owen

Miss R.H. Webb
" A.E. Williams

Staff Changes - 1956.

Medical.

The following Assistant Medical Officers took up duties on the dates indicated:-

Dr. I. Davies	-	1st February
" E.G. Jennings	-	1st February
" M.A. Tait	-	5th November

Dr. M.H. Wilde, Assistant Medical Officer, resigned on the 10th November.

Dental.

Miss M. Watson relinquished her appointment as Dental Attendant on 17th March.

Miss V.M. Little was appointed Dental Attendant on the 3rd September.

Health Visitors.

The following Health Visitors commenced duties on the dates indicated:-

Miss C.J. James	-	4th April
" E.A. Davies		1st June

Miss G. Hodge resigned her appointment on the 30th July.

Miss R. Francis retired on 28th June after 33 years' service in the Department.

Clinic Nurses.

The under-mentioned Clinic Nurses commenced duties on the dates indicated:-

Miss H. Griffiths	-	4th April
" J. Extance		25th September

The under-mentioned Clinic Nurses resigned during the year:-

Miss J.E. Lethaby	-	31st July
Mrs. E.A. Lewis		31st March

District Nurses.

The following District Nurses took up duties on the dates indicated:-

Mrs. J. Goldring	-	3rd February
Miss E.B.E.A.M.H. Thomas		1st March
" P.M. Lynch		28th October

The following District Nurses relinquished their appointments on the dates indicated:-

Mrs. D. Price	-	19th August
Miss M.E. Tasker		13th November

Midwives.

Miss H.A. Thomas commenced duties as a Midwife on the 14th June.

Mrs. E.Y.G. Allen (nee Jones) resigned her appointment on the 31st July.

Mrs. M. Park retired on 12th January after 18½ years' service with the Department, and Mrs. L. Hicks retired on 13th December after 19 years' service with the Department.

Mental Health.

Mr. T.O. Hughes commenced duties as Duly Authorised Officer on the 1st August. Mr. G.V. Bridgeman took up duties as an Assistant Superintendent at the Industrial Centre on the 10th December.

Mr. R.D.R. Sims, Assistant Superintendent, Industrial Centre resigned his appointment on the 13th September.

Mr. L. Trafford, Duly Authorised Officer, retired on 5th October after 26½ years' service with the Corporation.

Administrative and Clerical.

The under-mentioned members of the Clerical Staff commenced duties on the dates indicated:-

Mr. G.T. Jones	-	7th May
" C. West		7th May
Miss S. Theophilus		26th September
Mr. R.E. Grey		15th October
" A. Hodge		1st November
" H. Powell		5th November
Miss E.A. Williams		12th November
Mr. B. O'Sullivan		4th June

The under-mentioned members of the Clerical Staff resigned on the dates given below:-

Miss R. Thomas	-	29th September
Mr. K. Mortimer		29th September
" B. O'Sullivan		29th September
Miss J. Michael		4th June

Public Health Inspectors.

Mr. R.L. Davies commenced duties as a Sanitary Inspector on 28th August.

Mr. J. Harris took up duties as Van Driver/Disinfector on the 1st January.

Messrs. D. Havard & H. Edmunds commenced duties as Temporary Slum Clearance Assistants on the 27th July and 10th September.

GENERAL STATISTICS.

Area of Borough in acres excluding foreshore	...	21,600
" " " " " including "	...	24,241
Population 1951 Census	...	160,988
" Mid 1956, Registrar General's estimate	...	161,700
Density of population per acres	...	7.5
Rateable Value - 1st April 1956	...	£2,079,251
Penny rate product - nett	...	£8,332. 17. 10.

BIRTHS AND DEATHS REGISTERED DURING THE YEAR.

LIVE BIRTHS.

		<u>Total.</u>	<u>Legitimate.</u>	<u>Illegitimate.</u>
Males	...	1,304	1,263	41
Females	...	1,243	1,204	39
Total	...	2,547	2,467	80

STILL BIRTHS.

Males	...	28	26	2
Females	...	40	37	3
Total	...	68	63	5

DEATHS

INFANTS UNDER ONE YEAR OF AGE.

Males	...	40	38	2
Females	...	31	30	1
Total	...	71	68	3

INFANTS UNDER FOUR WEEKS.

Males	...	33	31	2
Females	...	24	23	1
Total	...	57	54	3

TOTAL DEATHS - ALL CAUSES*

Males	...	1,094
Females	...	971
		<u>2,065</u>

MATERNAL DEATHS.

- Four. (i) Aged 34 years. Collapse of lungs following uterine dilation and curettage for retained products of pregnancy. Chronic bronchitis.
- (ii) Aged 20 years. Cerebral haemorrhage.
Toxaemia of pregnancy
Pre-eclamptic toxaemia
- (iii) " 35 " Massive pulmonary embolus
Pregnancy.
Instantaneous.
- (iv) " 41 " Pulmonary embolus
Cyesis
Chronic bronchitis and asthma

* The figure for deaths includes those members of the Armed Forces who were stationed in the area.

MAIN CAUSES OF DEATH SUPPLIED BY THE REGISTRAR GENERAL, CLASSIFIED ACCORDING TO AGE GROUPS AND SEX.

Cause of Death	Sex	AGE GROUPS								Total in Sexes	Total each Cause
		Under 1	1-	5-	15-	25-	45-	65-	75-		
1. Tuberculosis - respiratory	M	-	-	-	-	2	6	3	2	13	23
	F	-	-	-	2	4	4	-	-	10	
2. Tuberculosis - other	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	M	-	-	-	-	-	-	1	-	1	2
	F	-	-	-	-	-	1	-	-	1	
4. Diphtheria	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	M	-	1	-	-	-	1	-	-	2	2
	F	-	-	-	-	-	-	-	-	-	
7. Acute Poliomyelitis	M	-	-	-	-	1	-	-	-	1	1
	F	-	-	-	-	-	-	-	-	-	
8. Measles	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	M	1	-	-	1	-	2	-	-	4	5
	F	-	-	-	-	1	-	-	-	1	
10. Malignant neoplasm, stomach	M	-	-	-	-	2	12	12	12	38	71
	F	-	-	-	-	-	7	11	15	33	
11. " " lung, bronchus	M	-	-	-	-	-	47	16	6	69	73
	F	-	-	-	-	1	1	2	-	4	
12. " " breast	F	-	-	-	-	3	15	7	7	32	32
13. " " uterus	F	-	-	-	-	2	7	7	2	18	18
14. Other malignant and lymphatic neoplasms	M	-	-	-	2	6	33	30	36	107	173
	F	-	-	-	1	7	24	20	14	66	
15. Leukaemia, aleukaemia	M	-	-	1	-	1	1	-	1	4	7
	F	-	1	-	-	1	1	-	-	3	
16. Diabetes	M	-	-	-	-	-	2	1	1	4	14
	F	-	-	-	-	-	1	6	3	10	
17. Vascular lesions of nervous system	M	-	-	-	-	1	33	49	55	138	299
	F	-	-	-	-	3	33	41	84	161	
18. Coronary disease, angina	M	-	-	-	-	5	79	67	48	199	319
	F	-	-	-	-	1	33	33	53	120	

Cause of Death	Sex	AGE GROUPS						Total in Sexes	Total each Cause
		Under 1	1-	5-	15-	25-	45-	65-	75-
20. Other heart disease	M	-	-	-	-	1	22	36	68
	F	-	-	-	-	7	30	43	112
21. Other circulatory disease	M	-	-	-	-	4	6	17	25
	F	-	-	-	-	-	3	9	27
22. Influenza	M	-	-	-	-	1	1	1	2
	F	-	-	-	-	-	-	-	1
23. Pneumonia	M	4	-	-	-	-	2	7	5
	F	2	1	-	-	1	1	5	5
24. Bronchitis	M	2	-	-	-	-	31	26	26
	F	2	-	-	-	-	6	9	20
25. Other diseases of respiratory system	M	-	-	-	-	-	2	6	2
	F	-	-	-	-	-	1	1	-
26. Ulcer of stomach and duodenum	M	-	-	-	-	4	4	6	1
	F	-	-	-	-	-	2	4	-
27. Gastritis, enteritis and diarrhoea	M	-	-	-	-	1	3	1	-
	F	1	-	-	-	-	1	1	-
28. Nephritis and nephrosis	M	-	-	-	2	3	4	2	2
	F	-	-	1	-	-	1	2	6
29. Hyperplasia of prostate	M	-	-	-	-	-	2	5	15
30. Pregnancy, childbirth, abortion	F	-	-	-	1	3	-	-	-
31. Congenital malformations	M	5	-	-	-	-	1	1	-
	F	5	1	-	-	1	1	-	-
32. Other defined and ill-defined diseases	M	28	-	1	3	2	22	8	34
	F	21	-	2	4	6	26	19	62
33. Motor vehicle accidents	M	-	1	1	-	1	3	3	3
	F	-	-	1	-	-	2	2	3
34. All other accidents	M	-	-	2	2	7	5	1	4
	F	-	-	-	-	1	1	6	8
35. Suicide	M	-	-	-	-	1	1	1	-
	F	-	-	-	-	1	4	-	-
36. Homicide and operations of war	M	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-
TOTAL IN SEXES	M	40	2	5	9	40	331	308	359
	F	31	3	4	5	43	212	241	432
TOTAL IN GROUPS		71	5	9	14	83	543	549	791
									2065

DEATHS OF INFANTS UNDER 1 YEAR BY SEX, CAUSE GROUPS AND AGE
AS SUPPLIED BY THE REGISTRAR GENERAL.

Cause Group (I.S.C. Nos. in brackets)	SEX	Under 1 day	1-6 days	1 week	2 weeks	3 weeks	Total under 4 weeks	1-2 Months	3-5 Months	6-8 Months	9-11 Months	Total under 1 year
1. Other Infective & Parasitic Diseases (Rem. of 001-138)	M F				1		1					1
2. Pneumonia (490-493)	M F		2				2		2	1		4
3. Bronchitis (500-502)	M F							1	1		1	2
4. Gastro-Enteritis (571,764)	M F							1	1			2
5. Spina Bifida & Meningocele (751)	M F				1		1					1
6. Congenital malformations of heart (754-0,754-4)	M F	1	1				2	2				3
7. Other Congenital Malformations (Rem. of 750-759)	M F	1	1	1			2	1				3
8. Injury at Birth (760,761)	M F	3	4		1		7					2
9. Post-natal Asphyxia and Atelectasis (762)	M F	6	1		1		8	1				7
10. Haemolytic Disease of Newborn (770)	M F	2	1	1			3					2
11. Immaturity (774-776)	M F	6	7	2			15					2
All Other Causes	M F	5	2				7		1			8
TOTAL	M F	12	16	4	1		33	3	3	1		40
	M F	15	6		2	1	24	3	3	1		31

NUMBER OF DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE, WITH THE PROPORTION OF ALL DEATHS
AND THE RATE PER 1,000 PERSONS ALIVE FOR THE PERIOD

1947 - 1956.

Year	Number of deaths		Total deaths all ages	Rate per cent of total deaths	Population	Rate per 1,000 population
	Under one year	One and under 5				
1947	148	24	1,966	8.7	152,290	1.1
1948	113	21	1,753	7.6	158,000	0.8
1949	122	25	1,984	7.4	160,100	0.9
1950	84	16	1,954	5.1	161,700	0.6
1951	77	15	2,090	4.4	160,000	0.6
1952	89	10	1,889	5.2	160,400	0.6
1953	84	17	1,988	5.1	160,700	0.6
1954	63	17	2,069	3.8	161,500	0.5
1955	68	14	2,147	3.8	161,300	0.5
1956	71	5	2,065	3.7	161,700	0.4

VITAL STATISTICS FOR THE PERIOD 1947 - 1956.

Year	Population estimated to middle of each year	REGISTERED BIRTHS										REGISTERED DEATHS					
		Live					Still					Belonging to the District and supplied by the Registrar General for the calendar year.					
		Number	Rate (a)	Number	Rate (a)	Infant		Diarrhoea & Enteritis under 2 years		Child Mortality under 5 yrs.		Maternal.		All ages.		Rate (a)	
						Number	Rate (b)	Number	Rate (b)	Number	Rate (a)	Number	Rate (c)	Number	Rate		
1947	152,290	3,350	22.00	100	0.65	148	44	11	3.28	172	1.1	5	1.45	1,966	12.90		
1948	158,000	2,868	18.10	69	0.44	113	39	12	4.18	134	0.8	2	0.68	1,753	11.10		
1949	160,100	2,713	16.90	80	0.50	122	45	12	4.42	147	0.9	3	1.07	1,984	12.40		
1950	161,700	2,541	15.70	58	0.36	84	33	2	0.80	100	0.6	4	1.53	1,954	12.10		
1951	160,000	2,453	15.30	54	0.34	77	31	4	1.60	92	0.6	1	0.40	2,090	13.10		
1952	160,400	2,440	15.21	63	0.39	89	36	6	2.46	99	0.6	1	0.40	1,889	11.77		
1953	160,700	2,447	15.20	55	0.34	84	34	8	3.20	101	0.6	1	0.40	1,988	12.40		
1954	161,500	2,381	14.74	62	0.38	63	26	7	3.00	80	0.5	-	-	2,069	12.81		
1955	161,300	2,357	14.61	64	0.40	68	29	-	-	82	0.5	1	0.41	2,147	13.31		
1956	161,700	2,547	15.75	68	0.42	71	28	1	0.40	76	0.4	4	1.53	2,065	12.70		

(a) Rate per 1,000 population

(b) Rate per 1,000 live births

(c) Rate per 1,000 all births (live and still).

INFECTIOUS DISEASES.

General. The total number of cases notified during the year was 1,334, a considerable decline on the previous year. This decrease was due to the fact that there was a considerable reduction in the number of measles cases notified.

Diphtheria. There was no notification of diphtheria for the eighth successive year.

Dysentery. The number of notifications for the year was 140 as compared with 291 for the previous year. In accordance with previous practice, when general practitioners notified cases to the department, submission of faecal specimens for bacteriological examination were arranged for the suspected case and all contacts, particularly family contacts, and, in the event of positive results, further specimens were submitted by all concerned until three consecutive negatives were obtained from all. General Practitioners were kept fully informed of every report received from the Public Health Laboratory. This system could not have been effective without the close liaison which exists between the department and the general practitioners of this borough. The figure of 291 reported in 1955, and 140 reported for this year reflects on the progress made in the search for potential dysentery carriers.

Poliomyelitis. 22 cases of Poliomyelitis were notified during the year, 12 of which were subsequently confirmed. 6 of these confirmed cases were non-paralytic and 6 were paralytic. It is interesting to note that, in previous years, the incidence of confirmed poliomyelitis cases showed that the occurrence was widely scattered throughout the borough having no connection between cases concerned. During this year, however, out of one family, 3 children were admitted to the Isolation Hospital and all were confirmed as suffering from paralytic type poliomyelitis. Of the confirmed paralytic cases, one was fatal.

Typhoid & Para-Typhoid Fevers. It is pleasing to report that no cases of these diseases were reported throughout the year.

Numbers of all cases of infectious and other notifiable diseases originally notified during the year 1956 and the final numbers according to sex and age after corrections subsequently made either by the Notifying Medical Practitioner, or by the Medical Superintendent of the Infectious Diseases Hospital.

	Scarlet fever		Whooping Cough		Acute Poliomyelitis				Measles (excluding Rubella)		Diphtheria.	
	M	F	M	F	Paralytic		Non-paralytic		M	F	M	F
					M	F	M	F				
Numbers originally notified -												
Total (All Ages)	85	130	253	263	4	2	3	3	133	141	-	-
Final numbers after correction												
Under 1 year ...	-	-	15	16	-	-	-	-	7	3	-	-
1 - 2 years ...	1	3	34	37	-	-	-	-	12	24	-	-
2 - 3 years ...	3	4	26	43	-	-	-	-	12	15	-	-
3 - 4 years ...	13	17	36	41	-	-	-	-	16	23	-	-
4 - 5 years ...	6	12	46	32	-	1	2	3	24	23	-	-
5 - 9 years ...	44	67	63	56	2	1	-	-	60	48	-	-
10 - 14 years ...	15	23	24	31	-	-	-	-	2	2	-	-
15 - 24 years ...	4	1	5	5	-	-	-	-	-	1	-	-
25 and over ...	2	2	1	2	2	-	1	-	15	10	-	-
Age unknown ...	-	-	3	-	-	-	-	-	1	6	-	-
Total (All Ages)	90	129	253	264	4	2	3	3	133	141	-	-
	Acute Pneumonia		Dysentery		Meningococcal infection		Acute encephalitis		Enteric or Typhoid Fever			
	M	F	M	F	M	F	Infective		Post infectious		M	F
							M	F	M	F		
Numbers originally notified -												
Total (All Ages)	14	17	48	93	6	-	-	-	-	-	-	-
Final numbers after correction												
Under 1 year ...	1	1	8	7	1	-	-	-	-	-	-	-
1 - 2 years ...	1	3	7	10	-	-	-	-	-	-	-	-
2 - 3 years ...	-	4	12	16	1	-	-	-	-	-	-	-
3 - 4 years ...	-	4	4	8	1	-	-	-	-	-	-	-
4 - 5 years ...	-	1	5	7	-	-	-	-	-	-	-	-
5 - 9 years ...	2	2	19	17	-	1	-	-	-	-	-	-
10 - 14 years ...	-	-	5	6	1	-	-	-	-	-	-	-
15 - 24 years ...	-	6	1	6	2	-	-	-	-	-	-	-
25 and over ...	10	2	15	10	1	-	-	-	-	-	-	-
Age unknown ...	-	-	1	6	-	-	-	-	-	-	-	-
Total (All Ages)	14	17	47	93	7	1	-	-	-	-	-	-
	Para-typhoid Fever		Erysipelas		Small-pox		Food Poisoning		Other Notifiable Diseases			
	M	F	M	F	M	F	M	F	Original		Final	
									M	F	M	F
Numbers originally notified -												
Total (All Ages)	-	-	7	15	-	-	34	28				
Final numbers after correction									Puerperal Pyrexia			
Under 5 years	-	-	-	1	-	-	2	2				
5 - 14 years	-	-	-	-	-	-	-	1				
15 - 44 years	-	-	1	3	-	-	31	14				
45 - 64 years	-	-	1	3	-	-	1	4				
65 and over	-	-	5	7	-	-	-	-				
Age unknown	-	-	-	-	-	-	-	-				
Total (All Ages)	-	-	7	14	-	-	34	21				

THE NUMBER OF CASES OF CERTAIN INFECTIOUS DISEASES NOTIFIED DURING THE PERIOD 1947 - 1956.

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Scarlet Fever	328	688	509	434	251	263	299	100	85	219
Diphtheria	10	2	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	44	21	19	7	7	1	8	-	-	-
Erysipelas	17	40	38	33	18	17	13	20	15	21
Puerperal Pyrexia	40	30	29	16	26	46	36	49	63	57
Acute Pneumonia	76	53	69	80	132	74	46	33	30	31
Meningococcal infection	5	3	4	2	7	6	5	6	3	8
Dysentery	28	33	1	36	37	15	8	60	291	140
Whooping Cough	343	530	439	334	678	215	818	174	172	517
Typhoid Fever	-	-	-	-	-	-	-	-	1	-
Para-typhoid Fever	-	-	-	-	-	29	2	2	2	-
Acute Encephalitis - Infectious	-	-	-	-	4	1	-	-	-	-
Post-Infectious	-	-	-	-	-	2	-	-	-	-
Measles	2471	482	1552	1580	1608	1387	1358	23	3675	274
Poliomyelitis - Paralytic	31	11	30	48	25	16	18	7	10	6
Non-paralytic	2	-	-	4	-	-	3	1	1	6
Food Poisoning	-	-	10	1	20	-	-	9	1	55
TOTAL	3395	1893	2700	2575	2812	2072	2614	484	4349	1334

CARE OF EXPECTANT MOTHERS AND CHILDREN UNDER SCHOOL
AGE.

Expectant and Nursing Mothers.

Generally the arrangements for this service are similar to those described in my report for 1952.

The number of patients attending ante-natal clinics remains fairly steady and mothers appreciate the health talks and films that are shown. It is, however, obvious from the list of patients for hospital confinement that more patients are seeking ante-natal care from their family doctor than has been the case in the past. Liaison between family doctors and local authority still leaves much to be desired, as was indicated in my report for last year, but discussions are taking place to improve the situation on the lines suggested in Circular 9/56.

This circular was issued by the Ministry of Health in May 1956 to Chairmen of Boards of Governors and of Hospital Management Committees for hospital groups having a substantial number of maternity beds, asking them to arrange for the holding of meetings of professional representatives from the three parts of the National Health Service involved, i.e. the general practitioner service, the hospital service and the local health authority service. The purpose of these meetings was to enable the professions to discuss freely the advice contained in a memorandum prepared by the Standing Maternity and Midwifery Advisory Committee and accepted by the Central Health Services Council on ante-natal care related to toxæmia of pregnancy.

What was in mind was that the medical issues raised by the memorandum should, in the first instance, be fully discussed by professional representatives who should report to the administrative bodies concerned any conclusions reached at the meetings which have administrative implications so that consideration may be given to any administrative action needed to give effect to them.

The convening Chairman would start the proceedings but the meeting would elect its own chairman for subsequent discussion. The Ministry indicated that the agenda should include the following items:-

1. Any points for discussion on the actual content of the memorandum.
2. The part to be played by hospital ante-natal clinic, general practitioner, midwife and local authority ante-natal clinic, in the ante-natal care of:-
 - (a) The patient booked for admission to hospital under a Consultant Obstetrician.
 - (b) The patient booked for admission to hospital under a general practitioner hospital unit.
 - (c) The patient booked for home confinement under the maternity medical services.
 - (d) The patient booked for home confinement by a midwife.
3. Any local arrangements needed to ensure a follow-up home visits of a patient who fails to attend for an ante-natal examination on the day appointed.
4. Arrangements for hospital treatment of early toxæmia.
5. Any necessary arrangements for blood tests during the ante-natal period.
6. Interchange of records.
7. Health education.

The first meeting was convened by the Chairman of the Glantawe Hospital Management Committee and subsequently the meeting elected Mr. J. Vyvyan Davies F.R.C.S., as Chairman and myself as Hon. Secretary. At the end of the year under review, a number of points were still under consideration. During the time these discussions concerning the preventive and curative aspect of toxæmia were taking place, the Minister has appointed a special Committee (the Cranbrook Committee) to consider the administrative problems of the maternity services presented by the division of responsibility of the maternity services between the three sections of the National Health Service.

The following table sets out the work undertaken at the ante and post-natal clinics during the year:-

			<u>Ante- Natal Clinics.</u>	<u>Post- Natal Clinics.</u>
No. of clinics provided	...	...	8	1
" " sessions per month	...	...	56	2
" " patients who attended during the year	...	...	2,331	808
" " new patients	...	...	1,740	773 (577)*
Total attendances	...	...	13,059	872 (657)*

* The first figures shown relate to the total post-natal work. The figures in brackets are in respect of patients seen, and attendances of post-natal patients in the ante-natal clinics.

Child Welfare.

The arrangements for this service are described in my report for 1952.

During the year it was necessary to provide an additional session at The Treboeth Public Hall Clinic due to increased attendances and, at the end of the year, negotiations were commenced with a view to providing a clinic at Fforestfach to cater for the inhabitants of the thickly populated new estates at Portmead and Fforesthall. At the time of writing this report the clinic has been opened.

The following table shows the number of children who attended during the year and the number of attendances made.

Number of centres provided at the end of the year	...	11
Number of child welfare sessions now held per month at the centres	...	76
Number of children who first attended a centre of this local health authority during the year and who at their first attendance were under one year of age	...	1,721
Number of children who attended during the year and who were born in:-		
1956	...	1,414
1955	...	1,097
1954	...	976

Total number of children who attended during the year ... 3,467

Child Welfare (Contd.)

Number of attendances made by children who at the date of attendance were:-

Under one year	...	13,621
One but under two years	...	2,107
Two but under five years	...	1,436

Total attendances during the year ... 17,164

During 1955, 3,455 children attended and the attendances were 16,414.

Minor Ailment Clinics.

A number of children under five years of age received minor ailment treatment at the clinics and the following table shows the extent during the year:-

Number of defects treated during the year.

Ringworm, scalp	...	...	-
Ringworm, body	...	...	-
Scabies	...	...	3
Impetigo	...	...	34
Other diseases of the skin	...	...	12
Eye disease, external and other (but excluding errors of refraction, squint and cases admitted to hospitals)	...	...	39
Ear defects, excluding serious diseases of the ear	...	...	29
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains etc.)	...	...	<u>157</u>
Total defects treated	...	...	<u>274</u>
Total attendances	...	...	<u>535</u>

Defective Vision and Squint (excluding minor ailments).

Number of defects dealt with:-			
Errors of refraction	...	...	514
Total attendances	...	...	514
Attendances for special examinations	...	...	124
" " re-examination	...	...	390
Number of children for whom spectacles were prescribed	...	...	86
Number of children for whom spectacles were obtained	...	...	322
Number of children who received operative treatment for defective vision and squint	...	...	-

Orthopaedic and Postural Defects.

The following table shows the work undertaken at the Orthopaedic Clinic in respect of children under five years:-

New cases treated during the year	...	149
Old cases who continued treatment during the year	...	247
Total number receiving treatment	...	396
Total attendances by these patients	...	3,373
No. of special cases seen by doctor	...	364
" " re-examinations by doctor	...	196

Care of Premature Infants.

The arrangements for the special care of the premature infants were the same as outlined in my report for the years 1952 and 1951. Details of the number of premature births notified during the year are shown below:-

1. Number of Premature Live Births notified
(as adjusted by transferred notifications).

(a) In Hospital	...	158
(b) At Home	...	41
(c) In private nursing homes	...	8
		<u>207</u>

2. Number of Premature Still-births notified.
(as adjusted by transferred notifications).

(a) In Hospital	...	26
(b) At home	...	3
(c) In private nursing homes	...	3
		<u>32</u>

* "Private nursing homes" includes nursing homes and maternity hospitals and homes not in the National Health Service and Mother and Baby Homes where women are confined in the Home.

Weight.	PREMATURE LIVE BIRTHS										PREMATURE STILL-BIRTHS							
	Born in hospital		Born at home & nursed entirely at home		Born at home & transferred to hospital on or before 28th day.		Born in nursing home & nursed entirely there		Born in nursing home & transferred to hospital on or before 28th day.		Born in hospital		Born at home		Born in nursing home			
	To-tal.	Died within 24hrs of birth.	Survived 28 days	To-tal	Died within 24hrs of birth	Survived 28 days	To-tal	Died within 24 hrs of birth.	Survived 28 days	To-tal	Died within 24hrs. of birth	Survived 28 days	To-tal	Died within 24hrs. of birth	Survived 28 days	To-tal	Died within 24hrs. of birth	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(a) 3 lb. 4 ozs. or less 1500 grms. or less	18	11	4	1	1	-	4	2	-	-	-	-	1	-	-	13	1	3
(b) Over 3lb 4 ozs. up to & inc. 4lb. 6ozs. (1500- 2000 grms.)	22	2	19	6	-	6	4	2	2	2	2	-	-	-	-	3	2	-
(c) Over 4-1b.15 ozs. up to & inc. 5-lb.8 ozs. (2250-2500 grms.)	33	3	29	4	-	4	2	-	2	1	-	1	-	-	-	6	-	-
(d) Over 4-1b.15 ozs. up to & inc. 5lb.8 ozs. (2250- 2500 grms.)	85	3	81	19	-	18	1	-	1	3	-	3	1	-	-	4	-	-
TOTAL ...	158	19	133	30	1	28	11	4	5	6	2	4	2	-	-	26	3	3

Welfare Foods.

The quantity of welfare foods distributed during 1956 is show below:-

National Dried Milk	...	78,292 tins
Cod Liver Oil	...	14,756 bottles
Orange Juice	...	95,953 bottles
Vitamin A. & D.	...	5,092 packets

Distribution points were as follows:-

Maternity and Child Welfare Centres	...	11
Others	...	2

Care of Unmarried Mothers.

Under the National Health Service Act 1946, Section 22, the Local Health Authority has a duty to make arrangements for the care of the unmarried mothers and their children. In the original scheme, arrangements were made with the Carmarthen County Council for the reservation of two beds at Plasnewydd Hostel, Burry Port. This arrangement terminated on the 1st April. From that date arrangements have been made with the Swansea and Brecon Diocesan Moral Welfare Association who arrange for the patients to be admitted to Hostels approved by this authority for two or three months before confinement and to remain there for up to two or three months after confinement.

The amended scheme has been approved by the Council and the Welsh Board of Health.

During the year 15 unmarried mothers were admitted to various Hostels.

Dental Care.

The Senior Dental Officer, Mr. H.N. Tiplady, reports as follows:-

"The arrangements made for this treatment are practically the same as last year. The equivalent of one-third to a half of the time of one dental officer, i.e. 186 sessions were given at the following clinics.

Full-time Clinics:- Eaton House, Cwmbwrla and Morriston.

Part-time Clinics:- Mansel Street, Mumbles, Townhill, St. Thomas.

Expectant mothers are referred from the ante-natal clinics by the medical officers. Nursing mothers who have babies of not more than one year old, and other post-natal patients, may be referred from several sources, as also children under school age.

The denture work is now done by outside technicians as the local technician after many years service, has been obliged to give up our work.

Radiographs are taken at the clinic at Mansel Street.

Number provided with Dental Care.

	Examin- ed.	Needing Treat- ment.	Treated	Made Dentally Fit
Expectant & Nursing Mothers	388	366	342	186
Children under school age	213	187	176	136

Form of Dental Treatment provided.

	Mothers	Children (under school age)
Scaling and Gum Treatment	58	-
Fillings	177	24
Silver Nitrate Treatment	-	17
Extractions	1,031	323
General Anaesthetics	332	187
Dentures provided:-		
Full upper or lower	74	-
Partial " " "	29	-
Radiographs	12	-

Survey of Leukaemia in Childhood.

In July 1956, the Health Department was approached by Oxford University Department of Social Medicine and asked to help with a survey concerning leukaemia in childhood, which the University is undertaking on behalf of the Medical Research Council.

From being a comparatively rare cause of death this has become of recent years a matter of some concern and statistics show there has been a sharp rise in the risk of death from leukaemia in children under three years of age. The survey sets out to investigate the causes with the possibility that some new common factor in modern life may be responsible for the increase.

The parents of every child who has died in Great Britain in the years 1953 - 1955 have, wherever possible, been interviewed by a medical officer with a view to collecting as many details as possible concerning the life and habits of their children.

At the same time the parents of 'control' children, that is normal healthy children born in the same area at about the same time, were interviewed on similar lines for comparative purposes.

One of the department's medical officers spent some time investigating the five Swansea cases. One family, it was found, had moved to Singapore and so could not, of course, be interrogated.

Subsequently, a number of further enquiries were made at the Swansea Hospitals concerning those cases whose mothers who while pregnant, had been examined radiologically. Very little progress was made, however, with this aspect owing to the difficulty experienced in tracking down the relevant hospital records. Only one out of the five enquiry forms relating to this extension enquiry could be satisfactorily completed.

A report under the heading "Preliminary Communication" appeared in The Lancet September 1956. It stated that the investigation was not yet completed, but it was considered that the preliminary results of the investigation suggest that the probability of development of leukaemia or other malignant disease in children may be greater after diagnostic irradiation of the gravid pelvis of the mother and hence of the child in utero.

It must be emphasised that this is a preliminary report and should not be accepted as conclusive proof of the need for caution in the use of x-rays. The final report when published will no doubt make a critical appreciation of the merits and demerits of ante-natal radiology in the interest of mother and child.

Other Services.

Gynaecological and venereal diseases clinics formerly provided by the local authority, but now under the control of the Regional Hospital Board are still held in the premises of the local health authority, i.e. Eaton House Clinic. A report on the work of the Auxiliary (Venereal Diseases) Clinic is shown in the section dealing with Prevention, Care and After Care. The Gynaecological Clinic is still well attended, but unfortunately, the services of a Consultant Gynaecologist have ceased. This is a great disadvantage to the work being undertaken at the clinic.

During the year 251 new patients attended and the total number of attendances was 1411. The conditions for which the new patients sought treatment are as follows:-

Sub-fertility	...	36
Birth Control	...	40
Menstrual disorders	...	17
Menopausal disorders	...	3
Prolapse	...	32
Cervical erosion	...	42
Vaginitis	...	37
Other conditions	...	44

DOMICILIARY MIDWIFERY.

The arrangements in respect of the service during the year under review were similar to those shown in the report for 1952.

Births.

The number of births notified in the Authority's area during the year, under Section 203 of the Public Health Act, 1936, as adjusted by any transferred notifications is as follows:-

	Livebirths		Stillbirths		Total	
	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted
Domiciliary	772	764	11	11	783	775
Institutional	1,931	1,747	81	51	2,012	1,798

Medical Aid under Section 14 (1) of the Midwives Act, 1951.

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1951, by a Midwife:-

(a) For Domiciliary Cases:-

(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service. ... 88

(ii) Others ... 34

Administration of Gas and Air Analgesia.

(1) Institutional Midwives.

Number of Institutional Midwives in practice in the area at the end of the year qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board:-

(a) Employed in homes and hospitals in the National Health Service ... 34

(b) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service .. 2

(2) Domiciliary Midwives.

	Domiciliary Midwives employed directly by the Local Health Authority.
(a) Number of domiciliary midwives practising in the area at the end of the year, who were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board.	19
(b) Number of sets of apparatus for the administration of inhalational analgesics in use at the end of the year:-	
(a) Gas and air	19
(b) Trilene	5
(c) Number of cases in which inhalational analgesics was administered by midwives in domiciliary practice during the year:-	
(i) When doctor was not present at time of delivery of child.	
(a) gas and air	343
(b) Trilene	38
(ii) When doctor was present at time of delivery of child.	
(a) gas and air	116
(b) Trilene	36
(d) Number of cases in which pethidine was administered by midwives in domiciliary practice during the year:-	
(i) When doctor was present at time of delivery of child	114
(ii) When doctor was not present at time of delivery of child	244

Midwives practising in the area of the local supervising authority at the end of the year.

	Domiciliary Midwife	Midwives in Institutions	TOTAL.
Midwives employed by the authority	19	-	19
Midwives employed by the Hospital Management Committee under the National Health Service Act.	-	34	34
Midwives in private practice (incl. midwives employed in Nursing Homes)	4	2	6
TOTAL ...	23	36	59

MATERNITY CASES ATTENDED.

Number of deliveries attended by midwives in the area during the year.						
	Doctor not booked			Doctor booked		Cases in Institutions.
	Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either booked doctor or another)	Doctor present at delivery of child	Doctor not present at delivery of child	
Midwives employed by the Authority.	1	11	206	560	778	-
Midwives employed by the Hospital Management Committee under the National Health Service Act.	-	-	-	-	-	1,728
Midwives employed in private practice	-	-	2	-	2	238
TOTAL ...	1	11	208	560	780	1,966

Number of cases attended by domiciliary midwives after discharge from hospital before 14th day ... 880

Number of domiciliary cases in which the infant was wholly breast fed at the 14th day ... 468

Educational Courses.

Four midwives attended approved refresher courses during the year and two attended a special training course for the care of premature babies at the Sorrento Maternity Unit, Birmingham.

Flying Squad.

The services of the Flying Squad were called for on 14 occasions during the year. Sister Ratcliffe was in attendance 13 times, Nurse Dunlop once.

Emergencies treated were as follows:-

Post-partum haemorrhage	...	6
Adherent placenta	...	5
Post-partum shock	...	1
Secondary post-partum haemorrhage	...	1
Poor condition following miscarriage	...	1

Blood transfusion was given in nine cases. Manual removal of placenta was performed in five cases - three of these cases did not afterwards require transfusion. In 13 cases the patient's condition was satisfactory after treatment and nursing was then possible at home. In one case it was not possible to transfuse at home and the patient was transferred to hospital.

The Senior Hospital Medical Officer of the Glantawe Hospital Management Committee accompanied the Flying Squad on five occasions, the Consultant Obstetrician on three occasions, a Senior Registrar on three occasions and a Junior Registrar on three occasions. A Consultant Anaesthetist was called out once.

HEALTH VISITING.

Home Visits.

Particulars of the work undertaken by the health visitors during the year are shown below:-

Number of children under five years of age visited during the year	8,914
--	-----	-----	-----	-----	-----	-----	-------

Total number of families or households visited by health visitors	10,355
---	-----	-----	-----	-----	-----	-----	--------

		First Visits	Total Visits
Expectant Mothers	...	1,012	1,896
Children under one year of age	...	2,536	15,448
" over one & under 2 years	...	-	7,354
" over two & under 5 years	...	-	16,719
Tuberculosis households	...	-	3,286
Other cases	...	-	21,274
TOTAL	...		<u>65,977</u>

The total number of visits made was 65,977 which corresponded with 63,107 for the previous year. There was a reduction in the number of visits to children under five years of age from 11,934 to 8,914. The main reasons for this reduction is that more selective visiting is now done and far more time is spent on visiting problem and unsatisfactory families. This is reflected in the number of visits made to families, 10,355 in comparison with 13,541 for the previous year.

The health visitors work has increased tremendously during the last ten years but there has been no corresponding increase in staff. There are a number of vacancies on the establishment of the department and consequently visits are not made as frequently as they should be to many families. However, in an endeavour to prevent the break-up of families, constant

visiting and supervision by the health visitors has been a feature of their work and there have been numerous instances where families have been kept together under their guidance. The following two cases illustrate the point.

- (a) A young mother, a widow, crippled with Rheumatoid Arthritis, has been unable to cope in any way with her young children for years, but under the constant supervision of the health visitor and the assistance of a home help to do the housework the children have been prevented from going into care.
- (b) A blind woman with a number of young children has been deserted by her husband. Under the supervision of the health visitor and in co-operation with the blind welfare officer and other organisations, plus the assistance of a home help, she is gradually being rehabilitated and her children have not been taken into care.

An indication of the problem in this field can be obtained from the following figures. At the end of the year, there were known to be 34 problem families on the health visitors' registers. In addition there are about 140 unsatisfactory families known to the health visitors and it is possible that there are more. These 140 families are potential problem families, and require constant supervision if they are not to deteriorate,

Attention is also given to those cases where there is a possibility of a mental breakdown. The closest co-operation is maintained with the family doctor and the mental health officers, all working as a team. In one instance it was arranged for a baby to be admitted temporarily to a Nursery whilst the family doctor arranged for mother to be treated by a mental consultant.

Educational Courses.

Two health visitors attended a Winter School arranged by the Women Public Health Officers' Association.

Hospital Student Nurses' Training.

During the year student nurses from the Morriston and Swansea Hospitals attended a course of lectures given by the members of the department.

Report of the Working Party on Health Visiting.

This report was published in June. The Working Party was set up under the Chairmanship of Sir Wilson Jameson in 1953 by the Ministers of Health and Education and the Secretary of Health for Scotland with the following terms of reference.

"To advise on the proper field of work, the recruitment and training of Health Visitors in the National Health Service and School Health Service."

The main conclusions and recommendations of the report were summarised and reported to the Health Committee at its meeting in July. The report states regarding the status of Health Visitors and their relationship with others, that she is not to be described as a social worker and a recognition of her proper status will be important if her work with family doctors is to be fully effective..... Whilst the Working Party ^{rejects} ~~regrets~~ the possibility of an all purpose family visitor, they feel that the future health visitor can serve a general purpose in her family visiting. She should act as common adviser on health teaching. She should be trained to recognise the limitations of her skill where some form of social action is needed and to see that the appropriate worker is put in touch with the case. This Working Party Report is part of a review of the work of domiciliary workers in this field.

An enquiry into the work, recruitment and training of social workers in the field of health and welfare is now proceeding under the Chairmanship of Miss Eileen Younghusband, C.B.E.

HOME NURSING.

Particulars of the work undertaken during the year are as follows:-

	No. of cases attended by the nurses during the year	Number of visits made
1. Medical ...	1,439	52,926
2. Surgical ...	631	20,538
3. Infectious Disease ...	5	337
4. Tuberculosis ...	232	12,568
5. Maternal complications ...	11	103
6. Others ...	13	572
7. Total ...	2,331	87,044
8. Patients included in 1-6 above who were 65 years or over at the time of the first visit during the year ...	1,165	45,145
9. Children included in 1-6 above who were under 5 years of time of first visit during the year ...	77	649
10. Patients included in 1-6 above who had more than 24 visits during the year..	782	67,243

Particulars of cases for the year.

	All cases.	Tuber- culosis.
Number of cases on register at beginning of year ...	502	47
New cases admitted during the year ...	1,829	180
Total number nursed during the year	2,331	227

Cases discharged during the year:-

Completed or transferred to Hospital ...	1,491	144
Died ...	347	8
Total number removed ...	1,838	152

Cases remaining on the register at the end of the year ...	493	75
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In comparison with the previous year, there was an increase in the total number of visits made from 84,005 to 87,004, whilst the number of cases nursed remained more or less the same. There were more long term nursing cases on the register than the previous year and this is reflected in the total number of visits made to patients who had more than 24 visits during the year.

The number of children under five years of age nursed at home was 77 as compared with 92 in the previous year, and the number of nursing visits was consequently reduced from 926 to 649.

It has not yet been considered necessary to make special arrangements for the nursing of sick children at home.

The work of this section runs very smoothly and generally there is a most excellent spirit of co-operation existing between the nurse and the family doctor. There were a few occasions during the year where, due to holidays and sickness, temporary difficulty was experienced in nursing all cases on the register, but, due to the goodwill of the nurses, no patient was left unattended.

The Superintendent District Nurse attended a Conference of Superintendents of Non-Training District Nurses' Homes.

ARTIFICIAL IMMUNITY.

The arrangements for diphtheria immunisation were the same as for previous years.

During the year under review 2,457 children were primarily immunised, an increase of over 500 on that of the previous year and it is pleasing to note that of this increase over 200 were children under one year of age. This is reflected in the immunity index figure for this group which was increased from 3.5 in 1955 to 9.07 for this year. Although this figure seems to be low, it is known to the department that a number of infants are immunised but no records are forthcoming from the family doctor. Steps have been taken in an endeavour to remedy this position and it is hoped that the figures for 1957 will represent a more accurate picture. Nevertheless there is still room for improvement and it is hoped that the progress made during 1956 will be maintained and consolidated during 1957.

The following table shows the number of children immunized during the year, as well as the number of children who received a reinforcing injection.

	Age at date of final injection.			
	Under 1	1-4	5-14	TOTAL
No. of children who completed a full course of primary immunisation in the area (including temporary residents)				
1. During the six months ended June 30th	306	369	435	1,110
2. During the six months ended December 31st.	474	413	460	1,347
TOTAL FOR YEAR:	780	782	895	2,457
No. of children who received a secondary (reinforcing) injection, i.e. subsequently to primary immunisations at an earlier age.				
1. During the six months ended June 30th	-	3	999	1,002
2. During the six months ended December 31st.	-	6	2,075	2,081
TOTAL FOR YEAR:	-	9	3,074	3,083

Immunisation in relation to child population.

Number of children at 31st December 1955, who had completed a course of immunisation at any time before that date (if at any time since 1st January 1942).

	Under 1 1956	1-4 1952-1955	5-9 1947-1951	10-14 1942-1946	Under 15 TOTAL
Last complete course of injection (whether primary or booster) A. 1952 - 1956	214	4,637	10,058	7,058	21,967
B. 1942 - 1951	-	-	1,442	1,487	2,929
C. Estimated mid-year child population	2,360	9,340	23,900		35,600
Immunity Index 100 A/C	9.07	49.65	71.61		61.70

Smallpox Vaccination.

The following return shows the number of people vaccinated during the year.

Number of persons vaccinated (or re-vaccinated)
during period.

						TOTAL
	Under 1	1 4	2 to 4	5 to 14	15 and over	
Number vaccinated	646	34	25	24	106	835
Number re-vaccinated	-	-	3	10	147	160

The number of persons vaccinated during the year was 835, 155 more than the previous year. Whilst the number of vaccinations is not as high as I would like, there has been a distinct improvement during the last few years and our efforts are now concentrated on consolidating the good work with a view to improving the number in the future.

Poliomyelitis Vaccination.

I submitted the following report to the Health Committee in January 1956 :-

The following information has been received from the Welsh Board of Health explaining the Minister's proposals for the use of a vaccine against poliomyelitis as part of the National Health Service.

"A vaccine has now been discovered that is believed to confer a degree of protection against paralytic poliomyelitis. It will not be available in substantial quantities until the end of the year.

"Meanwhile, a certain amount of the vaccine is expected to become available during May and June. The Minister is anxious that local health authorities should have an opportunity of using these limited quantities during the period before the start of the poliomyelitis season. His proposals are designed to secure a fair distribution among those age groups in which the disease is most prevalent and to secure information which will help in devising the best possible scheme of distribution when substantial quantities are later available."

The vaccine will be offered without charge to local health authorities.

The vaccine will be released batch by batch as soon as they have passed the very stringent safety tests to which they are being subjected. It is not possible to say how many batches will become available in May and June as this must depend on technical considerations in what is a new and unknown field. It is hoped that between 300,000 and 500,000 will have been vaccinated by the end of June. After the 30th June vaccinations must be suspended during the poliomyelitis season (July to November) as it is not considered safe to vaccinate during that period.

It is emphasised that neither the dates by which the vaccine is expected nor the quantities expected can be regarded as certain, so that disappointment may be inevitable.

The Minister proposes that at the present stage vaccination should be made available on a voluntary basis for children born between 1947 and 1954 inclusive. The offer should include all children in the Council's area in the eligible groups and should not be limited to those children under five who are already attending child welfare clinics nor to those school children who attend maintained schools. Only a small number of the children in these groups will be able to be vaccinated. Those who cannot be vaccinated before the end of June will receive priority in the following November (that is after the poliomyelitis season).

This scheme will be completely voluntary. The Council should explain the present proposals to all parents (or guardians) of children of eligible age in their area and ask them to express their willingness in writing to have their children vaccinated. No child should in any circumstances be vaccinated against poliomyelitis unless the written consent of a parent or guardian has been obtained.

The number of acceptances must be submitted to the Medical Research Council not later than the 14th April, 1956.

The selection of children to receive the vaccination from among those whose parents seek it will be made according to a centrally determined plan designed to maintain an even spread throughout the eligible age groups which will be based on the month of birth. When the national picture can be studied local health authorities will be informed which months in each age group have been selected and the children whose birthdays are in those months should be vaccinated as and when the vaccine is received by the local health authority.

For the present, in view of the limited quantity of vaccine available and the short time available to organise this first stage of the scheme the vaccine will only be administered on behalf of the local health authority. General medical practitioners will be given an opportunity to participate at a later stage when larger supplies become available.

It is realised that the time in which to plan and carry out the vaccinations is extremely limited and that in consequence a very heavy burden is being placed on the local health authorities but the Minister has thought it right to make available immediately all the vaccine which can be produced and he urges authorities to do their utmost to see that the maximum use is made of these limited supplies. To this end it may well be necessary to defer some of their routine work.

In view of this information I recommend that the local health authority makes appropriate arrangements to provide vaccination against poliomyelitis and that our approved proposals under Section 26 of the National Health Service Act 1946 be amended accordingly.

The Minister has suggested that, in order to allow for possible developments in future, the amending proposal should be submitted in general terms on the following lines :-

"The Council proposes also to make arrangements for offering to persons in its area or to any groups of such persons, vaccinations or immunisation against any other disease in respect of which authority is sought from or given by the Minister of Health. The Medical Officer of Health will be responsible for keeping records directed towards assessing the value of any such form of vaccination or immunisation."

If the Committee accepts my recommendation, I hope to be in a position shortly, to acquaint the parents of the children in the age groups concerned, of the arrangements which have been made to enable them to register their children."

The recommendation was approved by the Health Committee and confirmed at the subsequent Council meeting. Approval of the amending proposal submitted to the Ministry was also received.

As a result, 8,656 children of the appropriate age group were registered and subsequently during 1956, 737 children received two injections and 160 received one injection only.

In December, the Ministry indicated that additional supplies of the vaccine would be available in the following year. Family doctors could also be included in the scheme if they so desired, but it was suggested that the matter should be discussed in the first place with the Local Medical Committee.

In the ensuing discussion, very many points in the administration of the scheme were considered, particularly the delivery of the vaccine and its storage in the general practitioner's surgery.

The majority of the family practitioners decided that for the time being they would prefer the local health authority to continue with the programme, but doctors from nine practices in the area have taken part in the scheme.

AMBULANCE SERVICE.

During the year, three Morris Commercial CV/1130 were disposed of being in excess of requirements. These were taken in part exchange for a new sitting-case vehicle which had been authorised by the Committee. The sitting-case vehicle being replaced was earmarked for transfer to the Civil Defence Ambulance and Casualty Collecting Service as a Casualty Collecting Vehicle. The delivery of the new vehicle and the transfer of the Casualty Collecting Vehicle occurred during 1957.

In last year's report, it was stated that we had received authority to increase our establishment by three male attendants. Two of these were appointed during the year and, as a result, there was a great improvement in dealing with stretcher out-patients during the peak hours. Time lags were considerably reduced and the administration of the service was made easier.

Four additional radio telephone sets were installed during the year and thirteen of the fourteen ambulances are now so equipped.

At the end of the year, negotiations were commenced with a view to improving the existing depot accommodation. It had been hoped that a start would have been made on the construction of a new depot in the centre of the town, but although plans had been prepared for the building of this depot in conjunction with a new Central Clinic, Ministry approval was still awaited.

<u>Statement of work done during 1956.</u>		<u>1956.</u>	<u>1955.</u>
Number of patients carried	...	65,060	60,609
" " journeys operated	...	19,832	20,094
" " miles run	...	285,083	281,429
Average miles per patient	...	4.3	4.6

PREVENTION, CARE AND AFTER-CARE.

Tuberculosis.

Dr. T. W. Davies, the Chest Physician, reports as follows :-

"The statistics, in relation to Tuberculosis for 1956, shows no change except in one aspect as compared with those of 1955. Total attendances at the clinic were nearly 20,000 and the number of new cases referred for diagnosis from the clinic area numbered 4,554. 151 new cases of tuberculosis were notified. This represents a decrease of 65 cases as compared with 1955, and is the greatest decline in the morbidity rate for many years. However, notification rates, like death rates, do not give a complete picture. There are many manifestations of tuberculous infection which hardly justify a statutory notification. The need for an "intimation register" for the country as a whole, which has been advocated for many years but not acceptable to the Ministry of Health, is now more than ever necessary. Such a register, combined with the information from death rates and statutory notifications, would give a true picture of the situation now that tuberculosis, from the available statistics, appears to be in decline.

As stated in last year's report, the only criteria of diminished infection would be a reduction of primary infection. In this area, in spite of an apparent decline in the morbidity rate, this is not the case. The number of primary infections, as shown by primary pleural effusions, erythema nodosum, primary lung lesions, remain unchanged.

No new trends in therapy emerged during the year and no new effective anti-tuberculous drugs were discovered. The established drugs used in various combinations prevail. They remain effective in the acute lesions but doubts as to their efficacy in the chronic type of case, which has been present for some time, is becoming more and more established.

It is well recognised that while these drugs can cure the acute type of tuberculosis there are limits to their use in the chronic case. Treatment of this type of case is a major problem and the frequency of drug resistance a serious problem. This is of importance with the increased morbidity rate in the 50+ age group, in males where the disease is usually very chronic but the sputum invariably positive.

The chronic sick problem in tuberculosis in the future will be on a par with the chronic sick problem of the community. With this in mind the present tendency to release tuberculosis beds for other purposes should be resisted.

Local Authorities, under Section 28, are in power to establish hostels for the chronic ambulatory, sputum positive case. The necessity for these hostels is becoming more evident and should be given serious consideration.

The Static Unit continues to serve the area and in 1956 over 20,000 individuals were examined. The yield of new cases of tuberculosis from General Practitioner referrals remains the highest of any group examined".

New Cases of Tuberculosis notified during the year in accordance with the Public Health (Tuberculosis) Regulations 1952.

FORMAL NOTIFICATIONS.														
	No. of Primary Notifications of new cases of Tuberculosis.													Total (all ages)
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	
Pulmonary Tuberculosis:-														
Males	-	-	-	-	1	6	10	10	6	12	9	3	-	57
Females	-	-	-	-	2	9	11	9	6	5	4	1	-	47
Other Forms of Tuberculosis														
Males	-	-	-	-	1	-	1	-	-	1	1	1	2	7
Females	-	-	-	1	-	1	1	2	2	1	1	-	-	9
TOTAL	-	-	-	1	4	16	23	21	14	19	15	5	2	120
New Cases coming to the knowledge of the Health Department otherwise than by Formal Notification.														
Pulmonary:-														
Males	-	-	-	-	-	-	-	-	1	1	2	1	-	5
Females	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-pulmonary:-														
Males	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Females	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	-	-	-	-	-	-	-	-	1	1	2	1	-	5

The source or sources from which the information as to the afore-mentioned cases was obtained is stated below :-

	Number of Cases:-	
	Respiratory	Non-Respiratory
Death Returns - from Local Registrars	...	-
Death Returns - Transferable from Register General	...	-
Posthumous Notifications	...	-
"Transfers from other areas (other than Transferable deaths)"	...	-
TOTAL	5	-

The static miniature radiography unit which is located at our clinic in Trinity Place in co-operation with the Welsh Regional Hospital Board examined 20,113 persons and found 69 per 1,000 with abnormal chests. 68 persons (3.38 per 1,000 examined) were confirmed as suffering from pulmonary tuberculosis. This is a high percentage considering contacts and symptoms cases were excluded from those examined at the static unit centre. These figures do not apply to this authority in the sense that the unit covers an area far greater than that of the authority.

Analysis of Examinations carried out by the Static Mass Radiography Unit at Swansea during the period
1st January - 31st December, 1956.

TABLE I.

Total number examined	...	...	...	20,113	100.0%
Total number diagnosed as normal	...	...	...	18,721	93.08%
Total number diagnosed as abnormal	...	...	...	1,392	6.92%

TABLE II.

Analysis in Age Groups of Total number examined and total found Abnormal.

	TOTAL			EXAMINED			TOTAL			ABNORMAL		
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Under 15	1365	6.78	1371	6.82	2736	13.60	26	1.87	20	1.44	46	3.31
15 - 24	4498	22.37	3776	18.77	8274	41.14	164	11.78	103	7.40	267	19.18
25 - 34	1411	7.01	2214	11.01	3625	18.02	79	5.68	85	6.10	164	11.78
35 - 44	914	4.55	1328	6.60	2242	11.15	103	7.40	78	5.60	181	13.00
45 - 59	1130	5.62	1237	6.15	2367	11.77	279	20.04	128	9.20	407	29.24
60 and over	532	2.64	337	1.68	869	4.32	241	17.31	86	6.18	327	23.49
	9850	48.97	10263	51.03	20113	100.00	892	64.08	500	35.92	1392	100.00

TABLE III.

Analysis of total number of cases found to be abnormal.

<u>ABNORMALITY.</u>	<u>No.</u>	<u>%</u>	<u>Rate per 1,000</u> <u>Examined.</u>
Confirmed Pulmonary Tuberculosis	68	4.89	3.38
Requiring further observation at Chest Clinic.	46	3.30	2.29
Healed Primary P.T.	203	14.58	10.09
Healed Post-Primary P.T.	85	6.11	4.23
Bony Abnormality - Congenital	80	5.75	3.98
Bony Abnormality - Acquired	17	1.22	.84
Congenital Malformation of lungs	11	.79	.55
Bacterial & Virus Infections of Lungs	130	9.34	6.46
Bronchiectasis	56	4.02	2.78
Emphysema	60	4.31	2.98
Pulmonary fibrosis (non-tuberculous)	188	13.51	9.35
Pneumoconiosis	71	5.10	3.53
Spontaneous pneumothorax	7	.50	.35
Benign tumours of lungs and mediastinum	4	.29	.20
Carcinoma of lungs and mediastinum	19	1.36	.94
Enlarged mediastinal and bronchial glands (non-tuberculous)	1	.07	.05
Sarcoidosis	5	.36	.25
Pleural thickening	34	2.44	1.69
Abnormality of diaphragm	103	7.40	5.12
Abnormality of heart - congenital	5	.36	.25
Abnormality of heart - acquired	153	10.99	7.61
Miscellaneous	5	.36	.25
Failed to attend for further investigation.	41	2.95	2.04
	1392	100.00	69.21

TABLE IV.

Analysis of total number examined and total found to be Abnormal in
Survey Groups.

	TOTAL	General Population Volunteers	G.P. Referrals	National Service Recruits	Ante-Natal Clinics Examinees	Civil Service L.G.Os.	School children	Teaching staff	Students	Misc. Factory Groups	Hospital Staff	Contacts	Residents of O.Ps. Homes.
Total number of persons examined	20,113	5,380	3,460	2,881	1,582	1,496	3,001	337	1,152	323	434	39	28
Total number of persons found to be abnormal	1,392	389	661	96	30	85	52	9	33	8	12	5	12
<u>Classification of Abnormal Cases</u>													
Confirmed Pulmonary Tuberculosis													
"New" Cases	56	19	19	4	1	3	1	1	4	-	3	1	-
"Old" Cases	12	1	6	3	1	1	-	-	-	-	-	-	-
Requiring further observation at Chest Clinic	46	14	21	4	1	1	2	-	-	2	-	-	1
Healed Primary Pulmonary Tuberculosis	203	68	51	24	8	19	19	1	7	-	4	2	-
Healed Post Primary Pulmonary Tuberculosis	85	21	33	2	7	8	8	1	1	1	2	-	1
Bony abnormality - Congenital	80	18	19	16	4	7	6	2	7	1	-	-	-
Bony abnormality - Acquired	17	3	9	-	-	2	2	-	1	-	-	-	-
Congenital malformation of Lungs	11	-	1	5	-	-	4	-	1	-	-	-	-
Bacterial and virus infection of lung	130	32	89	3	-	2	3	1	-	-	-	-	-
Bronchiectasis	56	15	28	9	-	1	2	-	-	-	-	-	1
Emphysema	60	13	41	1	-	4	-	1	-	-	-	-	-
Pulmonary fibrosis (non tuberculous)	188	26	146	6	-	9	-	-	-	-	-	-	1
Pneumoconiosis	71	37	30	-	-	2	-	-	-	1	1	-	-
Spontaneous pneumothorax	7	4	2	-	-	1	-	-	-	-	-	-	-
Benign tumours of lung	4	1	2	1	-	-	-	-	-	-	-	-	-
Carcinoma of lung	19	4	15	-	-	-	-	-	-	-	-	-	-
Enlarged mediastinal and bronchial glands (non-tuberculous)	1	-	-	-	1	-	-	-	-	-	-	-	-
Sarcoidosis	5	3	1	-	-	1	-	-	-	-	-	-	-
Pleural thickening	34	13	11	3	1	3	-	-	3	-	-	-	-
Abnormality of diaphragm	103	38	31	4	2	13	3	-	5	2	1	2	2
Abnormality of heart - congenital	5	3	1	-	-	-	1	-	-	-	-	-	-
Abnormality of heart - acquired	153	43	83	5	3	8	-	1	2	1	1	-	6
Miscellaneous	5	2	3	-	-	-	-	-	-	-	-	-	-
Failed to attend for further investigation	41	11	19	6	1	-	1	1	2	-	-	-	-
Total number of abnormal cases ...	1,392	389	661	96	30	85	52	9	33	8	12	5	12

TABLE V.

Analysis of confirmed cases of Pulmonary Tuberculosis in
Age Groups, Sex and rate per 1,000 examined.

AGE GROUPS	MALES			FEMALES			TOTAL		
	No. of Confirmed P.T.	%	Per 1,000	Confirmed P.T.	%	Per 1,000	Confirmed P.T.	%	Per 1,000
Under 15	-	-	-	-	-	-	-	-	-
15 - 24	19	27.94	1.93	15	22.06	1.46	34	50.00	1.69
25 - 34	5	7.35	.51	5	7.35	.49	10	14.70	.50
35 - 44	5	7.35	.51	3	4.41	.29	8	11.76	.40
45 - 59	11	16.18	1.12	1	1.47	.10	12	17.65	.59
60 and over	4	5.89	.40	-	-	-	4	5.89	.20
	44	64.71	4.47	24	35.29	2.34	68	100.00	3.38

Analysis in Survey Groups of confirmed cases of Pulmonary Tuberculosis discovered during the year 1955, compared with the year 1956.

	1955				1956			
	No. examined		Confirmed P.T.		No. examined		Confirmed P.T.	
	Total	%	No.	%	Total	%	No.	%
General Population	6,344	31.59	23	30.26	5,380	26.75	20	29.41
Volunteers								
General Practitioner Referrals	3,725	16.30	26	34.21	3,460	17.20	25	36.77
National Service Recruits	3,402	16.94	14	18.42	2,881	14.32	7	10.30
A.N. Clinic Examinees	1,551	7.72	6	7.89	1,582	7.87	2	2.94
Civil Servants and Local Government Officers	829	4.13	4	5.26	1,496	7.44	4	5.88
Schoolchildren	2,881	14.34	1	1.32	3,001	14.92	1	1.47
Teaching Staff	203	1.01	-	-	337	1.67	1	1.47
Students	1,110	5.53	1	1.32	1,152	5.73	4	5.88
Miscellaneous Factory Groups	48	.24	-	-	323	1.61	-	-
Hospital Staff	200	1.00	1	1.32	434	2.16	3	4.41
Contacts	20	.10	-	-	39	.19	1	1.47
Residents of Old Peoples' Home.	221	1.10	-	-	28	.14	0	-
	20,084	100.00	76	100.00	20,113	100.00	68	100.00
								3.38

DOMICILIARY TREATMENT.

232 patients were treated at home by the district nurses acting under the supervision of the Chest Physician and family doctor. 12,568 visits were made to these patients.

Health Visiting.

The arrangements were the same as for previous years. The health visitors also met the Chest Physicians as often as possible for case discussions. 3,286 visits were made to the patients during the year.

Re-housing.

In accordance with the Council's scheme, 35 families were re-housed on priority grounds after consultation with the Chest Physician.

Routine Chest X-ray of Expectant Mothers.

The arrangements were similar to previous years. 1,582 patients were examined and one was found to be suffering from tuberculosis. In all the cases appropriate action is taken by the Chest Physician in consultation with the Consultant Obstetrician and the Senior Maternity and Child Welfare Medical Officer. Further details of the number who attended for X-ray and an analysis of abnormalities discovered will be found in the tables showing the work of the Static Mass Miniature Unit.

Rehabilitation.

One patient was admitted to Papworth Settlement for rehabilitation.

Extra Nourishment.

During the year, the Chest Physician recommended the provision of extra nourishment in the form of milk for two patients and this was approved by the Committee.

B.C.G. Vaccination.

(a) Contacts.

B.C.G. Vaccination of contacts is undertaken by the Chest Physician in accordance with Circular 72/79 (Wales). The arrangements for this work were included in my 1954 report and there has been no change in the year under review. 367 contacts were skin tested during the year by the Chest Physician and of these 282 were found negative and 257 were vaccinated.

(b) School Children.

In accordance with Circular 27/35 (Wales) the local health authority has made arrangements for the vaccination of children in the prescribed age group and particulars of our approved scheme were included in my report for 1954.

During the year under review, ³⁰⁰¹~~32001~~ children were x-rayed and 832 children of the prescribed age group were given B.C.G. vaccination but, in view of the fact that our programme for the administration of the scheme is based on the academic year, the following report relates to the period September 1955 - July 1956.

For an outline of the objectives and administration of the Swansea scheme for the B.C.G. vaccination of school children in their 13th year, readers are referred to the 1955 Annual Report.

The 1955 - 1956 session continued on the lines shown by experience in 1953 - 1954 and 1954 - 1955 to be both simple and effective.

The scheme was further extended to include several private schools in Swansea, namely Emmanuel Grammar School, Dumbarton House School, Clevedon College and St. Winifred's Convent. Thus, with the exception of two small private schools, all children within the geographical bounds of Swansea, of the requisite age, are eligible for inclusion in the scheme.

Parental response to the invitation for their children to partake in the scheme continued to be excellent. It appears that collusion amongst the pupils of particular classes is the explanation of small pockets of obstruction to vaccination, and it is hoped that all teachers and parents understand the value, to the individual and to the community, of B.C.G. vaccination and work to overcome the natural reluctance of children towards injections.

Untoward reactions to vaccinations are rare. The commonest complaint made by children is of tardy healing usually due to repeated accidental trauma. Occasionally the lesion is unduly extensive but rapid healing is obtained by local application of P.A.S. powder. Enlargement of the local lymph glands is rare although children sometimes complain of pain in the axilla or above the outer aspect of the clavicle presumably due to lymph gland involvement.

The most disappointing feature of the scheme and one which appears insoluble is the high absentee rate. This high rate is due to the fact that for each child there are at least five distinct appointments before vaccination is completed. Illness, absence from school for other reasons, school outings and academic examinations all provide their quota of absentees. Although every effort is made to offer absentees alternative appointments it seems impossible to avoid ending the year without a residue of uncompleted cases.

A number of children who had been given B.C.G. vaccine the previous year were included in this year's survey. They provided a random sample (approximately 18%) of last year's total of children vaccinated. Re-testing of this sample gave a relapse rate for positive Mantoux conversion within one year of vaccination as follows :-

Boys re-tested	=	77	(71 Mantoux +ve)
Girls re-tested	=	68	(65 " +ve)
Total re-tested	=	145	(136 " +ve)

So 9 out of 145 children previously Mantoux +ve after vaccination had become Mantoux -ve in the course of one year, a relapse rate of 5%. 8 of these children were re-vaccinated.

B.C.G. Programme 1955 - 1956.

Schools	Application				Total to be exam.	X-Ray only.	Mtx. pos.	Mtx. neg. decl. B.C.G.	B.C.G.	Abs.	X-rays Abnormalities	
	Forms Recd.		Refusals								Not Recalled	Re- Called
	M	F	M	F								
Oxford St.	84	-	5	-	79	22	13	0	39	5	-	2
St.Helens	-	65	-	4	61	-	23	4	34	-	-	-
St.Davids	18	6	1	-	23	1	4	-	17	1	-	-
Llwyn-y-Bryn	-	121	-	13	108	25	35	4	39	5	-	2
Oystermouth	34	-	2	-	32	3	11	3	15	-	-	1
Oystermouth	-	31	-	1	30	6	6	3	14	1	-	1
Dynevor	126	-	17	-	109	23	40	4	38	4	-	2
Morrison	-	67	-	4	63	11	14	4	31	3	1	-
Junior Tec.	52	-	4	-	48	10	13	2	23	-	-	2
St.Illtyds	4	-	-	-	4	2	1	-	1	-	-	-
St.Illtyds	-	7	-	-	7	-	3	-	4	-	-	1
St.Thomas	-	64	-	3	61	8	19	3	30	1	-	1
Danygraig	43	-	6	-	37	9	11	-	13	4	-	-
Bishop Gore	106	-	5	-	101	19	42	1	39	-	-	1
Pen-y-Bryn	11	-	1	-	10	2	2	2	3	1	-	-
Pen-y-Bryn	-	5	-	-	5	-	2	-	3	-	-	-
Manselton	74	-	7	-	67	14	15	3	33	2	-	1
Manselton	-	67	-	-	67	11	21	3	32	-	-	3
Townhill	96	-	9	-	87	14	20	3	50	-	1	2
Townhill	-	65	-	1	64	14	15	3	31	1	-	1Tec
Glanmor	-	121	-	19	102	16	49	1	35	1	-	3Tec
												2
Junior Tec.	-	36	-	-	36	3	16	1	16	-	-	3
St.Josephs	24	-	2	-	22	-	10	2	10	-	1	-
St.Josephs	-	43	-	6	37	7	10	2	18	-	1	1
Gendros	-	60	-	1	59	4	20	1	31	3	-	1
Cadle	64	-	22	-	42	9	17	1	15	-	1	2
Brynmill	-	23	-	4	19	1	11	2	3	2	-	1
Dunvant	21	-	3	-	18	4	5	2	7	-	1	-
Dunvant	-	21	-	1	20	3	8	-	9	-	-	1
Dumbarton	18	2	-	-	20	M 3	F1	-	F1	3	-	-
							M2	-	M10			
Pentrepoeth	68	-	1	-	67	4	31	4	26	2	5	-
Llansamlet	54	-	13	-	41	2	5	1	21	12	-	-
Llansamlet	-	50	-	4	46	9	15	2	13	7	-	-
Hafod	27	-	7	-	20	4	11	1	4	-	-	-
Hafod	-	26	-	3	23	4	10	-	9	-	-	-
Clevedon	13	4	2	-	15	M3	M4	-	M4	-	-	-
						F1	F3					
St.Winifreds	-	31	-	7	24	6	5	2	5	6	-	-
Emmanuel	32	-	6	-	26	3	7	-	12	4	-	-
Emmanuel	-	14	-	2	12	1	1	2	4	4	-	-
	969	929	113	73	1712	281	551	66	742	72	11	34

VENEREAL DISEASES.

Auxiliary Clinic for the treatment of Mothers
and Children.

This year showed a slight increase in the number of new cases attending on account of syphilis - all being discovered by routine blood testing at the ante-natal clinics. The number of new cases of Gonorrhoea continues to fall. The total number of attendances at the clinic remains about the same - the majority being cases of simple leucorrea, monilia or trichomona infections.

Six patients (one new and five old) known to have contracted syphilis were confined during the year. All were treated during pregnancy, and in each case the infant was free from disease.

No cases of ophthalmia neonatorum were seen during the year.

Age and Sex Distribution of cases under treatment
or observation at the beginning and end of the year.

	Syphilis			Gonorrhoea		Other Conditions			TOTALS	
	Males	Females:-		Females:-		Males:-	Females:-		Males	Females
	Under 15	Under 15	Adults	Under 15	Adults	Under 15	Under 15	Adults		
1st Jan.	-	-	15	-	8	-	-	82	-	105
31st Dec.	-	-	16	-	5	-	-	70	-	91

The following return shows the work undertaken at the Venereal Diseases Clinic, Mount Pleasant Hospital, Swansea, and the Auxiliary Clinic, Eaton Crescent.

		Mount Pleasant			Auxiliary		
		Totals	Males	Females	Totals	Males	Females
Syphilis	1. Patients under treatment or observation on 1st January	66	44	22	15	-	15
	2. Patients removed from register in previous years who returned during year for treatment or observation of the same condition	9	6	3	4	-	4
	3. Patients transferred from other centres after diagnosis	5	4	1	-	-	-
	4. Patients dealt with for the first time (excl. 2 & 3) suffering from:-						
	Syphilis Primary	1	1	-	-	-	-
	" Secondary	-	-	-	-	-	-
	" Latent in 1st year. of infection.	-	-	-	1	-	1
	" Cardio-Vascular	1	1	-	-	-	-
	" of Nervous System	1	1	-	-	-	-
	All other late or latent stages	6	6	-	1	-	1
	Syphilis Congenital: Aged under 1yr.	-	-	-	-	-	-
	" " Aged 1 but under 5	-	-	-	-	-	-
	" " Aged 5 but under 15	-	-	-	-	-	-
	" " Aged 15 and over	-	-	-	1	-	1
	TOTAL ITEM 4.	9	9	-	3	-	3
	5. Patients completing treatment &/or observation	39	28	11	2	-	2
	6. Patients transferred elsewhere	12	9	3	-	-	-
	7. Patients not completing treatment &/or observation	5	2	3	4	-	4
	8. Patients under treatment or observation on December 31st.	33	24	9	16	-	16
Gonorrhoea	9. Patients under treatment or observation on January 1st.	47	43	4	8	-	8
	10. Patients removed from the register in previous years who returned during the year for treatment or observation of the same condition	-	-	-	1	-	1
	11. Patients transferred from other centres after diagnosis	28	28	-	-	-	-
	12. Patients dealt with for the first time (excluding items 10 & 11)	106	101	5	9	-	9
	13. Patients completing treatment and/or observation.	61	56	5	10	-	10
	14. Patients transferred elsewhere	50	50	-	-	-	-
	15. Patients not completing treatment and/or observation	26	25	1	3	-	3
	16. Patients under treatment or observation on 31st December.	44	41	3	5	-	5
OTHER CONDITIONS	17. Patients under treatment or observation on 1st January.	115	107	8	82	-	82
	18. Patients removed from the register in previous years who returned during the year for treatment or observation of the same condition.	-	-	-	31	-	31

Cont'd....

	Mount Pleasant			Auxiliary		
	Totals	Males	Females	Totals	Males	Females
19. Patients transferred from other centres after observation	-	-	-	-	-	-
20. Patients dealt with for the first time(excluding items 18 & 19) suffering from:-						
Chancroid	-	-	-	-	-	-
Lymphogranuloma Venereum	-	-	-	-	-	-
Granuloma Inguinale	-	-	-	-	-	-
Non-gonococcal urethritis	142	142	-	-	-	-
Any other conditions requiring treatment	125	109	16	227	-	227
Conditions not requiring treatment	139	127	12	14	5	9
TOTAL ITEM 20	406	378	28	241	5	236
21. Patients completing treatment and/or observation	372	345	27	64	5	59
22. Patients transferred elsewhere	23	23	-	13	-	13
23. Patients not completing treatment	-	-	-	207	-	207
24. Patients under treatment or observation on December 31st.	126	117	9	70	-	70

Services rendered at the Treatment Centres during the year showing the areas in which patients dealt with for the first time resided.

	Syphilis Item 4	Gonorrhoea Item 12	Other Conditions Item 20	TOTALS
Swansea (Mount Pleasant and Auxiliary Clinic)	5	41	398	444
Glamorgan	1	13	47	61
Carmarthen	1	14	51	66
Pembroke	1	1	10	12
Brecon	-	-	2	2
Cardigan	1	1	2	4
Sailors	3	45	137	185

Re-housing.

A full report on the re-housing scheme for medical priority cases was given in last year's report.

During the year under review, 70 priority allocations for tenancy were made on medical grounds. These were as follows:-

Tuberculous patient in family	...	32
" " " house	...	3
Other medical categories	...	35
Total	...	<u>70</u>

In addition transfers for Corporation tenants have been arranged in many cases on medical grounds.

Sick Room Equipment.

The arrangements were the same as for previous years and the number of articles issued on loan was as follows:-

Air Rings	...	192
Bed Pan	...	156
Bed Rests	...	162
Mackintosh Sheets	...	239
Urinals	...	82
Wheel Chairs	...	11
Misc. equipment.	...	5

Orthopaedics.

Treatment for orthopaedics and postural defects is provided at the Authority's Orthopaedic Clinic, Trinity Place. The cases normally dealt with are children who have attained school leaving age and whose treatment, previously started, has not been completed. 16 patients were seen during the year and a total of 213 attendances were made.

Note: For information regarding the orthopaedic treatment of children under school age, please refer to the part of the report on the services available for the care of infants.

General.

Particulars of patients discharged from the local hospitals are forwarded to the department for appropriate action to be taken where necessary.

Two Health Visitors also attend ward rounds, consultations and out-patients to provide information to the hospital medical staff regarding the family history and home conditions.

This aspect of our work is not developing as rapidly as would be desirable in view of the shortage of health visitors, but as much time as can be spared by the health visitors is spent on this work.

The hospital authorities also made requests for environmental reports of certain patients about to be discharged, particularly if any doubt exists about the possibility of adequate care on discharge. These reports are a valuable guide to the hospital doctors and assist them in deciding when a patient is to be discharged.

Miscellaneous.

During the year ⁴¹²~~255~~ persons were medically examined prior to entry in the Local Government Superannuation Scheme. The results are shown below:-

<u>Category.</u>		<u>Number.</u>
1. First Class Life	...	212 21
2. Fit for appointment and no undue risk to the Fund	...	182 84
3. Re-examination (ultimately to come into 1 or 2 above or be discharged)	...	16
4. Unfit	...	2

Apart from the above, 27 persons were examined to determine their fitness for work.

Night Sitters.

At the June meeting of the Health Committee I recommended that arrangements be made, subject to the approval of the Welsh Board of Health, to employ in a part-time capacity suitable persons for the care of the elderly people who are suffering from chronic disability with difficult home and social conditions.

In accepting the recommendation, the Committee instructed me to submit to the July meeting of the Committee, a scheme for the amendment of our proposals under Section 28 of the National Health Service Act 1946. This section states that a local authority may, with the approval of the Minister, and to such extent as the Minister may direct, make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or the after-care of such persons.

The following scheme was submitted to the meeting, approved by Council, and forwarded to the Welsh Board of Health for approval.

"Night Sitters."

As part of its arrangements for the care and after-care of invalids and chronic sick cases, the local health authority may set up a panel of "night sitters". It will be a function of such "night sitters" to attend, as occasions may require, invalids and chronic sick cases who are either living alone or who are in need of attention on a scale which cannot be provided by the members of their household without probable detriment to their own health. The duties they will perform will be such as might be expected to be carried out in normal circumstances by one member of a household for another who is ill and will not include the provision of professional or technical services more appropriate to a doctor or trained nurse. It is proposed that the administration of this service shall be carried out by the Health Department and that the number of "night sitters" and the service provided shall be under constant review."

At the September meeting of the Committee, I stated that the Welsh Board of Health would give favourable consideration to the scheme, provided it is maintained on a modest scale and limited to persons for whom no other arrangements can be made, and who would otherwise require admission to hospital or other institutional care and that, wherever possible, full use will be made of the voluntary sources of help in the Borough. The Board also suggested that the proposal should be so framed as to provide for a direct or any agency service.

With regard to the extent of the provision of the service, it was the Council's intention to operate it on a modified scale. Provision was made in the Annual Estimates for 12 to be employed during the latter six months of the year at an estimated cost of £1,600.

The Council decided that the service should be directly provided, the main reason for the decision being the fact that the Council would have direct control of the persons engaged in the service.

This view was conveyed to the Welsh Board and, subsequently, in January 1957 the Minister's approval of the scheme was received. A review of the scheme will be included in my next year's report. Night Sitters are paid at the rate of 2/6d. per hour and the charges to recipients are calculated in the same manner as the charges made for the Domestic Help Service, subject to a minimum charge of 2/6d. per night.

DOMESTIC HELP.

The arrangements were the same as outlined in my report for 1952.

The number of cases provided with domestic help during the year is as follows:-

	<u>1956.</u>	<u>1955.</u>	<u>1954.</u>
Maternity (including expectant mothers)	26	26	45
Tuberculosis	9	3	6
Chronic sick including aged and infirm	431	483	314
Others	<u>58</u>	<u>71</u>	<u>69</u>
TOTAL	<u>524</u>	<u>583</u>	<u>434</u>

The number of helps employed at the end of the year was 22 whole-time and 47 part-time equivalent, an equivalent of 48 helps full time. This was an increase of six on that of the previous year.

82% of the cases assisted during the year were the chronic sick including the aged and infirm. The service is very much appreciated by these people for it assists them to remain in their own homes, makes them happier, and helps them to retain their feelings of independence.

HEALTH EDUCATION.

In my report for last year comment was made on a Mothers Club that was opened during the year at Norton Villa Clinic. This was a new venture and proved very successful. It was continued during the year under review and encouraged by the success a further Mothers Club was opened at the Treboeth Public Hall Clinic. These clubs are organised by the mothers themselves with the help of the District Health Visitors. In both instances the accommodation is provided by the department.

Owing to the increasing need for treatment of mental ill-health, health visitors and Assistant Medical Officers attended a course of mental health lectures by Dr. Crosse the Consultant Psychiatrist.

There is a steady demand for members of the professional and lay staff to talk to various organisations in the borough on the work of the health and welfare department. Many of these talks are given in the evening after normal working hours and I must record my thanks to all those members of the Staff who have given freely of their own time to further the cause of health education.

Social science students attending the University College of Swansea were given an opportunity of visiting our clinics and other premises for observation visits. Some of the students were attached to members of the department and accompanied them on their daily work. This applied particularly to overseas students, who were also given an opportunity of working with the administrative sectional heads of the department.

Conference and Courses.

In addition to the Conferences and Courses especially mentioned in the context of the Report, the Council was represented at the following:-

Annual Conference for Maternal and Child Welfare.	
" " " National Smoke Abatement Society.	
" " " Royal Society for Promotion of Health.	
" " " Cremation Society	
" " " Sanitary Inspectors Association.	
Food Hygiene Conference Royal Society for Promotion of Health.	
Week-end School - Association of Public Health Lay Administrators.	

MENTAL HEALTH.

Administration.

All matters concerning mental health are considered by the Health Committee. Subjects requiring detailed consideration are referred to the Standing Sub-Committee.

Staff.

Deputy Medical Officer of Health - part-time.

3 Assistant Medical Officers - part-time.

1 Duly Authorised Officer (full-time)

1 Mental Health Supervising and Duly Authorised Officer.

4 Duly Authorised Officers - part-time.

Occupation Centre - 1 Supervisor

3 Assistants

1 Cook full-time and 1 part-time.

Industrial Centre - 1 Supervisor

2 Assistants

(The General administration of both centres is supervised by the Mental Health Supervising Officer).

Co-ordination with Regional Hospital Boards and Hospital Management Committee.

The Mental Health Supervising Officer undertakes the supervision of patients on Licence from Institutions for Mental Defectives and also home visits for reconsideration of Orders and Holiday Leave, etc. The services of a Consultant Psychiatrist are available when required.

Voluntary Organisations.

One case under Guardianship supervised on our behalf by Brighton Guardianship Society.

Training of Workers.

Students from the University studying Social Science are permitted to spend a short period in the Mental Health Section to study the general administration of the Mental Deficiency Acts including home visiting.

The Lunacy and Mental Treatment Acts 1890 - 1930.

The following cases were admitted to Hospital by the Duly Authorised Officers during the year:-

Voluntary	...	28
Certified	...	94
Urgency Order	...	30
Section 20	...	18
Total	...	<u>170</u>

In addition 71 cases were interviewed but no action was taken by the Officers concerned. A total of 328 visits were made in connection with all these cases.

MENTAL HEALTH.

MENTAL DEFICIENCY ACTS 1913 - 1928.

	Under age 16		Aged 16 or over	
	M	F	M	F
<u>1. Particulars of cases reported during 1956.</u>				
(a) Cases ascertained to be defectives "subject to be dealt with".				
Number in which action taken on reports by:				
(1) Local Education Authorities on children:				
(i) While at school or liable to attend school	4	5	-	-
(ii) On leaving special school	-	-	1	-
(iii) On leaving ordinary school	-	-	-	-
(2) Police or by Courts	-	-	1	-
(3) Other sources	-	-	-	-
Total of 1 (a)	4	5	2	-
(b) Cases reported who were found to be defectives but were not at 31st December, 1956, regarded as "subject to be dealt with" on any grounds	-	-	-	-
(c) Cases reported who were not regarded as defectives or in which action was incomplete at 31st December, 1956, and are thus excluded from (a) or (b)	-	-	-	-
Total	4	5	2	-
<u>2. Disposal of cases reported during 1956.</u>				
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1(a) number).				
(i) Placed under Statutory Supervision	4	5	1	-
(ii) Placed under guardianship	-	-	-	-
(iii) Taken to "Places of Safety"	-	-	-	-
(iv) Admitted to Hospitals	-	-	1	-
	4	5	2	-
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1(b), number)				
(i) Placed under Voluntary Supervision	-	-	-	-
(ii) Action unnecessary	-	5	2	-
Total	4	5	2	-
<u>3. Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1956 and admitted to:</u>				
(a) National Health Service hospitals ...	-	1	-	-
(b) Elsewhere	-	-	-	-
Total	-	1	-	-

	Under age 16		Aged 16 & over	
	M	F	M	F
<u>4. Mental cases on Authority's Registers at 31.12.1956.</u>				
(i) Under Statutory Supervision	35	20	99	92
(ii) Under Guardianship	-	-	1	1
(iii) In "Places of Safety"	-	-	-	-
(iv) In Hospitals	8	5	86	83
(v) Under Voluntary Supervision	-	-	11	12
TOTAL	43	25	197	188
<u>5. Number of defectives under Guardianship on 31st December, 1956, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (Included in 4 (ii)).</u>				
	-	-	-	-
<u>6. Classification of defectives in the Community on 31.12.56 (according to need at that date).</u>				
(a) Cases included in 4 (i)-(iii) in need of hospital care and reported accordingly to the hospital authority:-				
(1) In urgent need of hospital care:-				
(i) "Cot and Chair" cases	1	-	-	-
(ii) Ambulant low grade cases ...	4	-	-	-
(iii) Medium grade cases	2	-	-	-
(iv) High grade cases	-	-	-	-
Total urgent cases	7	-	-	-
6. (2) Not in urgent need of hospital care:-				
(i) "Cot and chair" cases	-	-	-	-
(ii) ambulant low grade cases	-	-	-	-
(iii) medium grade cases	-	-	-	-
(iv) high grade cases	-	-	-	-
Total non-urgent cases -	-	-	-	-
Total of urgent and non-urgent cases.	7	-	-	-
(b) Of the cases included in items 4(i), (ii) and (v), number considered suitable for:-				
(i) Occupation Centre... ..	23	18	-	23
(ii) Industrial Centre	3	-	42	-
(iii) Home Training	-	-	-	-
Total	26	18	42	23
(c) Of the cases included in 6(b), number receiving training on 31.12.56.				
(i) In Occupation Centre	23	15	-	14
(ii) In Industrial Centre	3	-	38	-
(iii) At home	-	-	-	-
Total	26	15	38	14

Taken off the register.

	<u>Male</u>	<u>Female</u>
Ceased to be under Care	2	2
Died, left the district or lost sight of	3	4
Dealt with under Lunacy Act	-	-
	<u>5</u>	<u>6</u>

The number of visits made by the Supervising Officer was 1,389.

Training - Occupation and Industrial Centres.

There are two day training centres for mental defectives.

They are:-

- (a) Occupation Centre (which is sub-divided to provide accommodation for older girls in the form of a Handicraft Centre)
Mount Pleasant Baptist & Chapel Schoolroom,
Aberdyberthi Street,
Hafod,
Swansea.
- (b) Industrial Centre,
St. Catherine's Schoolroom,
Clifton Row,
Swansea.
- (b) At present accommodated at St. Mary's Hall, James Street, pending alterations.

Number receiving Training.

At the end of the year the number receiving training was:-

	<u>Males</u>	<u>Females</u>	<u>Total.</u>
Under 16 years of age	26	15	41
Over 16 years of age	38	14	52
	<u>64</u>	<u>29</u>	<u>93</u>

This number was allocated between the respective centres as under:-

	<u>Males</u>	<u>Females</u>	<u>Total.</u>
Occupation Centre	23	29	52
Industrial Centre	41	-	41
	<u>64</u>	<u>29</u>	<u>93</u>

Medical Inspection.

All pupils attending the Centres are medically examined annually and they receive ~~some~~ treatment for minor ailments at the clinic. All attending the Occupation Centre are visited periodically for hygiene inspection by the school nurse. Arrangements were made for visitation by the Speech Therapist but they were discontinued after six months owing to deficiency in Staff.

Minor Ailment Treatment.

	<u>Occupation Centre.</u>	<u>Industrial Centre</u>
Number of defectives treated	3	17
Number of attendances	13	64

Type of training undertaken.

- Occupation Centre - Elementary 3 'Rs. - Sense Training - Habit training - Percussion Band - Musical games and action songs - clay modelling - elementary handwork or physical training etc. etc.
- Handicraft Centre - Simple cookery and laundry - rug making, embroidery and stool making - raffia work, etc., etc.
- Industrial Centre - Boot and shoe repairs for Homes for the Aged, Part III Accommodation and Children's Department., etc., cutting or bundling firewood for Clinics and Homes for the Aged, etc., - rug and mat making - basket work - brush making - fret work - physical training - organised games, etc. etc.

The scope of training is limited due to accommodation, but plans are going ahead for the building of a new Occupation Centre and for the extension and renovation of the Industrial Centre.

Provision of Meals.

The dinners for both Centres are cooked at the Occupation Centre. Some of the girls attending the Handicraft Class assist in preparing the meals under the supervision of the Cook. The meals are conveyed to the Industrial Centre in insulated containers. The males and females attending the Centres who are over 16 years are provided with free meals. The parents of the children under 16 years are expected to pay for the meals, but allowances are made in necessitous cases.

Milk for patients at the Mental Defective Centres.

Up to September of last year the Ministry reimbursed to this authority the total cost of providing one third pint bottles of milk to children of school age who were in attendance at the Occupation Centre.

In September the Ministry indicated that as part of the general economy plan of the country they would not in future be making reimbursements to Local Health Authorities for the cost of supplying this milk.

Approximately 150 $\frac{1}{3}$ -pint bottles of milk are issued weekly at the Occupation Centre, at an approximate cost of £4.10.0. a month. This cost is subject to a 50% grant under the National Health Service Act, 1946.

Transport Facilities.

Most of the adult males and females attending the respective Centres have been trained to proceed to and from the Centres on their own initiative. 'Bus tokens and vouchers are issued to them for free travel on the 'buses. The young children are conveyed to and from the Centre by transport provided by the department.

Staff.

A part-time assistant cook has been appointed at the Occupation Centre.

Holidays.

The Centres are closed for similar periods as the Primary Schools.

Board of Control (Ministry of Health) Inspector.

An inspector of the Board of Control has visited both Centres during the year.

The reports are in complimentary terms but attention is drawn to the shortcomings of the accommodation.

Pocket Money.

The males and females over 16 years of age, in addition to their mid-day meal and 'bus tokens are provided with weekly pocket money. The sum varies from 2/6d. to 7/6d. as a token for good behaviour, regular attendance and the efficiency displayed in the training and work.

Glamorgan County Cases.

In addition the numbers of Swansea patients quoted as receiving training in the Centres, there are 13 patients from the Glamorgan County Council area, also attending, the cost being borne by the County Council.

Miscellaneous.

Arrangements were made during the year for the pupils attending both Centres to go on a Summer Picnic, to have a Christmas Party and to visit the Pantomime.

Educational Courses.

Dr. G.N. Ellis attended the Annual Conference of the National Association for Mental Health and also attended a refresher course for Medical Officers arranged by the National Association for Mental Health.

Miss M.D. Collins, the Supervising Officer, attended the Annual Conference of the Federation of Mental Health Workers.

General.

The position regarding the admission of female patients to Mental Deficiency Hospitals has eased during the year, and the waiting list has been cleared, but we still have a number of low grade boys needing urgent care in Mental Deficiency Hospitals. We are assured by the Regional Hospital Board that every effort is being made to place them as soon as possible. The cases under Statutory Supervision receive the benefits of care and after-care if necessary, and those who are suitable are advised regarding employment through consultations between the Supervising Officer and the Disablement Rehabilitation Officer. Cases on Licence are also helped in this way regarding suitable employment. Close co-operation is maintained between departments of the Council by exchange of information thus avoiding unnecessary overlapping of responsibilities. There is also close co-operation between the Mental Health Department and the National Assistance Board and Ministry of Labour.

Steady progress is being maintained with regard to the training, occupation and general welfare of mental defectives living in the Community.

Adaptation of the Industrial Centre.

Formal consent for the alterations and extensions of the Industrial Centre was received in 1955 but in November of that year it was noticed that one of the walls was bulging and on the advice of the Borough Engineer it was decided to stop work with the alterations and extensions because this wall was considered to be dangerous to the workmen employed there. The matter was reported to the Health Committee and it was decided that certain remedial work was necessary with respect to this wall. In March of 1956 the Welsh Board of Health gave formal approval for these remedial works to be carried out and it is anticipated that this work will be completed by the end of January 1957. At the time of preparing this report, the Industrial Centre has been re-opened.

Occupation Centre.

The Health Committee has been considering building a new Occupation Centre for some time but great difficulty was experienced in purchasing a suitable site. In November of 1955 the Architect of the Ministry of Housing and Local Government visited a site at St. Helen's Road, opposite the Y.M.C.A. but considered that it would not be suitable for a new Occupation Centre. On the same day a visit was made to a site at Broadway, Sketty, adjacent to the new Public Health Laboratory and this site was considered suitable for a new Occupation Centre. Drawings of the new Centre was submitted to the Board for approval in principle but there was

a slight delay because we were providing accommodation for 100 patients and the Board wished to know why this was so. Subsequently a communication was received by the Town Clerk stating that the Board had agreed in principle to the provision of 100 places, subject to certain modifications in the design and that Technical Officers of the Board would be visiting the Authority with a view to discussing with the officers concerned locally these proposed modifications.

The modifications have now been agreed upon and drawings are being submitted to the Board, it is anticipated that formal approval will be received in a short while. At the time of writing this report, approval has been received and the Borough Architect is engaged in drawing up the specifications etc., prior to inviting tenders for the work to be done

HOSPITALS AND NURSING HOMES.

Hospitals.

The following table relates to a number of National Health Service Hospitals in the area of the Glantawe Hospital Management Committee and has been kindly supplied by the Group Secretary. The figures are for the calendar year 1956.

	Swansea Hospt. Incl. Annexes.	Morrison Hospital.	Hill House Hospt.	Stouthall Hospital.	Fairwood Mat. Hospital.	Mount Pleasant Hospital.
BEDS.						
Complement on 31.12.56	401	501	130	30	16	236
Average number available daily throughout the year	374.5	470.1	104.0	29.6	15.8	239.3
IN-PATIENTS.						
Number in Hospital on 31.12.56	300	373	62	15	10	210
Number admitted during the year	7115	7354	1110	363	397	2067
Number discharged (and died)	7157	7382	1099	358	402	2064
Number remaining in hospital on 31.12.56	258	345	73	20	5	213
Average number resident daily throughout the year	319.6	410.7	69.3	21.3	11.2	220.8
Number of births during the year						
LIVE:		808	6		305	874
STILL:		37			2	39
Number of Patients awaiting admission to hospital on 31.12.56	3107	825	-	-	-	74
OUT-PATIENTS.						
Number of new out-patients during the year.	16495	7704				1262
Number of out-patients attendances during the year	56216	35128				5490

Nursing Homes.

The number of Homes registered under the Public Health Act 1936 is four, the same as last year, with a total of 37 beds as compared with 43 beds in the previous year. The number of maternity beds remained the same, i.e. 13.

NATIONAL ASSISTANCE ACT, 1948.

Welfare Services provided by the Local Authority.

The year 1956 can be looked upon as a year of consolidation when the needs and problems of the aged both in the Homes for the Aged and in the community have been carefully considered.

Experience in the administration of the services since 1948 has proved most invaluable and has enabled further improvements to be made. These improvements are referred to in the appropriate sections of the report.

At the 31st December 1956 residential accommodation was available in the following Homes:-

Earlsmoor	(Male)
Tuxedo	(Female)
Norton Villa	(Male)
Ingledene	(Female)
Llanthewy	(Female)
West Cross	(Mixed)
St. Margarets	(Mixed)

There was no easing in the number of applications made during the year for admission to residential accommodation. It can be safely assumed that whatever reluctance there was, due to prejudice and memories of the old institutions, to apply for admission to Homes for the Aged or Mount Pleasant Hospital has now generally disappeared.

A waiting list for admission to the Homes is still in existence and I feel that, with an ageing population, this pressure will continue unless other remedies can be found.

Residential Accommodation.

The expression "in need of care and attention" is not intended to imply constant nursing care or medical supervision.

Some doubt as to the liability of Welfare Authorities or Hospital Authorities, in particular cases, does arise from time to time, so the following brief interpretation by the Ministry of Health is quoted for guidance, viz:-

" Sick - and therefore proper to the Hospital Authority
- patients requiring continued medical treatment or supervision and nursing care. This would include very old people who, though not suffering from any particular disease, are confined to bed on account of extreme weakness.

Infirm - and therefore proper to the Welfare Authority -
persons who are normally able to get up and who could attend meals either in the dining room or a nearby day-room. This class would include those who need a certain amount of help from the staff in dressing, toilet or in moving from room to room and also those who, from time to time, e.g. in bad weather, may need to spend a few days in bed."

HOMES FOR THE AGED.

ACCOMMODATION.

	Earls- moor	Norton Lodge	West Cross House	St. Margarets	Tuxedo	Ingledene, Llanthewy	West Cross House	St. Margarets	TOTAL
No. of residents on 31.12.55.	...	20	36	20	30	52	19	15	223
No. admitted during 1956	11	13	10	19	19	21	5	9	107
No. discharged during 1956	11	12	14	23	18	23	7	11	119
No. remaining on 31.12.56.	31	21	32	16	31	50	17	13	211

Mount Pleasant Hospital - Part III Accommodation.

As mentioned in my Annual Report for 1955, since the programme for transferring old people from Mount Pleasant Hospital began in 1951, the Council has established 7 Homes for the Aged. This resulted in a substantial reduction in the number accommodated in Part III Accommodation, Mount Pleasant Hospital, but, as no further Homes for the Aged have been provided, the number of elderly persons residing in this Hospital has now remained fairly constant.

Mount Pleasant Hospital Residential	Male.	Female.	TOTAL.
No. of residents on 31.12.55	39	36	75
No. of residents admitted	40	40	80
No. of residents discharged	48	38	86
No. of residents remaining on 31.12.56	31	38	69

Analysis of Age Groups of persons in Permanent Residential Accommodation
on 31st December, 1956.

Under 50 years of age	...	7
50 to 60 " " "	...	16
60 to 70 " " "	...	50
70 to 80 " " "	...	113
Over 80 " " "	...	<u>94</u>
		<u>280</u>

Amenities in Homes for the Aged.

In the provision of residential accommodation care has been taken to create conditions and an atmosphere as near to those of the normal home as possible. The residents are our "Guests" and where they reside is their home and they are given every encouragement to look upon it as such.

They have their own personal things around them. There are no rules or regulations whatsoever.

Visitors are allowed at any time and residents are free to go out and in, as they desire, but are required to advise the Warden if they are to be away from the Home over a period.

Bus outings were provided by the Corporation for residents in all the Homes including those in Mount Pleasant Hospital (Part III).

A full-time Occupational Therapist is employed and the following are articles being made:-

Lampshades
Rugs
Bedroom Slippers
Stools
Chairbacks
Scarves

The women residents are provided with wool and undertake the knitting of socks, which are available for the use of male residents who prefer hand knitted hosiery. All residents are encouraged to take part in light domestic duties in the Homes.

A very interesting and worthwhile task was undertaken by a few residents at West Cross House, - a small number of Christmas toys were made for the children in the care of the authority at Ynys-y-Plant, West Cross. The Children's Home was very pleased to accept the toys, and it was very difficult to decide who derived the greatest pleasure, the donors or the recipients.

The male residents at this Home proved themselves to be very active during the year and were granted permission to keep poultry. The Home with its fairly spacious grounds lends itself to an experiment of this kind. The result exceeded our expectations.

7 cockerels and 21 pullets were purchased at the start of the scheme. The pullets provided eggs which were used in the Home, and at Christmas time 21 birds were killed to provide poultry at four Homes for the Aged.

At West Cross House where ground is available, a bowling green was provided and is very popular. While all the residents are not able to play on the green, all are interested in watching those who do, and every opportunity is taken in fine weather by the residents in all our Homes to sit in the gardens. During the winter months entertainments were arranged by volunteer artists in all Homes; these entertainments were enjoyed and

appreciated by all the residents and the Department's thanks are extended to all who entertained both in the Homes and at theatres, church halls etc. Books are supplied by the Public Libraries and daily newspapers are provided. There are also wireless and television sets at all the Homes.

3 Chiropodists are engaged on a sessional basis and visit each Home, their services being of great benefit to the residents.

One of the highlights of the year is the visit of the Mayor's party at Christmas. The residents always look forward to this visit and we are all indebted to the Mayor and Mayoress for so readily acceding to the request to visit at such a busy time of the year.

Medical Arrangements.

Residents in the Homes for the Aged are encouraged to retain their own doctors. If this is not practicable, as in the case when distances between the general practitioner's normal district and the Home is prohibitive, arrangements are made for them to be transferred to the list of a local practitioner of their own choice.

Regular visits to the Homes are made by the Senior Assistant Medical Officer who advises the Wardens on any problems of a medical nature.

During the year 42 chest x-rays of residents were arranged (11 females, 31 males), all with negative results.

Payment for Accommodation.

A prime factor in giving the elderly folk that vital sense of independence is that all contribute for their board and lodging on a sliding scale, according to their financial circumstances, and everyone retains by right a minimum of 7/6d. pocket money, which is spent on stamps, personal trinkets or it is put into savings.

In accordance with the National Assistance (Charges of Accommodation) Regulations 1955 (Circular 2/55 (Wales), the minimum charge for accommodation provided under Part III of the National Assistance Act, 1948, is 32/6d. per week.

It will be appreciated that the majority of our residents are pensioners and only able and liable to pay the minimum charge. The following estimate of present contributions may prove of interest:-

Minimum contribution of £1. 12. 6d. weekly	...	80%
Between £1. 12. 6d. and £2. 0. 0d. weekly	...	5%
" £2. 0. 0d. and £2.10. 0d. "	...	2.5%
" £2. 10. 0d. and £3. 0. 0d. "	...	1.75%
" £3. 0. 0d. and £3.10. 0d. "	...	2%
" £3. 10. 0d. and £4. 0. 0d. "	...	3.75%
" £4. 0. 0d. and full cost "	...	5%

Aged Sick and the Health Department.

The Authority does not only restrict itself to aged persons who are reasonably fit but also ensures that the elderly sick are provided with every service at its disposal, such as domiciliary services provided under the National Health Service Act. Furthermore, where hospital admission is indicated every effort is made to secure a hospital bed without undue delay.

As reported in my Annual Report for 1956, the problem of the "Chronic Sick" is not confined to Swansea but is in fact a national problem. There has been no marked improvement in the position during the last twelve months and our services have been in demand with a view to easing the position.

During the year approximately 60 cases, where admission was urgent and desperate, were referred to this authority from various services which included General Practitioners, District Nursing and Health Visiting Services, Voluntary Organisations and others. Environmental reports and general practitioner's medical certificates were obtained and, with the co-operation of the Glantawe Hospital Management Committee, hospital beds were provided with greatest possible speed.

The problem of the aged sick is not only confined to people living in their own homes but is also evident in our Homes for the Aged.

During 1955 the problem of obtaining early admission of these sick residents to hospital was so acute that measures were taken to open a Sick Bay at St. Margaret's Home for the Aged, where the patients were nursed until beds became available or until they were sufficiently recovered to be returned to their own Home for the Aged. Although this Sick Bay was closed for repairs for a short period, the following figures give an indication of the problem:-

	Male.	Female.	TOTAL.
No. of residents admitted during 1956	17	9	26
<u>Discharges:-</u>			
No. of deaths ...	2	2	4
No. transferred to hospital	7	3	10
No. of patients re-admitted to Homes for the Aged ...	5	4	9

Average length of stay per patient ... 48 days

It is felt that, as long as extensive waiting lists are in existence for admission to Chronic Sick Hospitals, this authority, by providing a Sick Bay at St. Margaret's is in no small way making a contribution to the relieving of pressure on the Glantawe Hospital Management Committee.

It is, however, quite possible that, in the very near future, with the release of Block I, Mount Pleasant Hospital, to the Hospital Management Committee, the problem will become less acute. However, with an ageing population and the acute shortage of beds we should not become unduly optimistic.

RETURN OF PERSONS RESIDENT ON THE NIGHT OF 1st JANUARY, 1957 IN
ACCOMMODATION PROVIDED UNDER PART III OF THE NATIONAL ASSISTANCE ACT, 1948.

TABLE A. RESIDENTIAL ACCOMMODATION.

Description of Persons (1)	Persons residing in:-										No. of persons included in Cols. 2 to 6 for whose main- tenance other local authorit- ies are respon- sible.		No. of persons (not included in Cols. 2 to 6) accommodated by other local auth- orities for whose maintenance the Council are res- ponsible.	
	Former workhouses				Other Premises managed by the Council.	Accommodation provided on behalf of the Council by voluntary organisations	Total (Cols. 2 to 5)							
	Owned by the Council		Vested in the Minister as Hospitals.											
	(2)	(3)	(4)	(5)	(6)	(7)	(8)							
M	W	M	W	M	W	M	W	M	W	M	W	M	W	
1. Aged														
(a) not materially handicapped by infirmity	-	-	10	8	84	68	1	-	95	76	6	2	-	1
(b) physically or mentally handicapped	-	-	13	17	5	25	-	-	18	42	-	2	1	-
2. Blind	-	-	2	3	8	8	-	1	10	11	-	-	-	-
3. Deaf or Dumb	-	-	-	-	-	-	-	-	-	-	-	-	-	1
4. Epileptic	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Cripples	-	-	1	5	-	-	-	-	1	5	-	-	-	-
6. Physically infirm (not being aged)	-	-	2	3	3	10	-	-	5	13	-	-	-	-
7. Mentally infirm (not being aged)	-	-	3	2	1	1	-	-	4	3	-	1	-	-
TOTAL ...	-	-	31	38	101	112	1	1	153	151	6	5	1	2
8. Children accompanied by persons over 16.	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Children accommodated under the Children Act 1948:-														
(a) under Section 13(2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(b) under Section 13(5)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-
GRAND TOTAL ...	-	-	69		213		2		284		11		3	

TABLE B - TEMPORARY ACCOMMODATION.

Description of Persons (1)	Persons residing in									No. of persons included in Cols. 2 to 6 for whose maintenance other local authorities are responsible. (7)	No. of persons (not included in Cols. 2 to 6) accommodated by other local authorities for whose maintenance the Council are responsible. (8)			
	Former Workhouse		Other premises managed by the Council (4)	Accommodation provided on behalf of the Council by voluntary organisations (5)	Totals (Cols. 2 to 5) (6)									
	Owned by the Council (2)	Vested in the Minister as Hospitals (3)												
	M	W	M	W	M	W	M	W	M	W	M	W		
1. Persons over 16 - (a) Evicted	-	-	-	3	3	5	-	-	3	8	-	1	-	-
(b) Others	-	-	1	7	3	3	-	-	4	10	-	-	-	-
TOTAL ...	-	-	1	10	6	8	-	-	7	18	-	1	-	-
2. Children accompanied by persons over 16	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(a) Evicted	-	-	2	-	20	-	-	-	22	-	3	-	-	-
(b) Others	-	-	3	-	14	-	-	-	17	-	-	-	-	-
3. Children accommodated under the Children Act, 1948	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(a) Under Section 13(2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(b) Under Section 13(3)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ...	-	-	5	-	34	-	-	-	39	-	3	-	-	-
GRAND TOTAL ...	-	-	16	-	48	-	-	-	64	-	4	-	-	-

(II) REGISTRATION OF OLD PERSONS' AND DISABLED PERSONS' HOMES
(SECTIONS 37 to 40 OF THE NATIONAL ASSISTANCE ACT, 1948).

	Homes first registered during 1955.		Registrations refused or cancelled during 1955.		Homes on the Register on 1st January, 1956.	
	No. of Homes	Beds	No. of Homes	Beds	No. of Homes	Beds
Homes for Old Persons ...	-	-	-	-	2	30
Homes for Disabled Persons ...	-	-	-	-	1	32
Homes for Old Persons and Disabled Persons ...	-	-	-	-	1	16
TOTAL ...	-	-	-	-	4	78

PART III - REGISTRATION OF HANDICAPPED PERSONS
(SECTION 29 OF THE NATIONAL ASSISTANCE
ACT, 1948.)

	Number on the Registers on the Night of 31.12.56.					
	Children under 16.		Persons aged 16-64		Persons aged 65 and over.	
	M	W	M	W	M	W
Register of Handicapped Persons (Deaf).	12	8	39	38	1	1
Register of Handicapped Persons (Hard of Hearing)	-	-	5	2	-	-
Register of Handicapped Persons (General Classes)	-	-	12	5	1	-
TOTAL	20		101		3	

"Temporary Accommodation including Cwmllywd Hostel."

Under Section 21 of the National Assistance Act this Authority has the duty to provide temporary accommodation for persons who are in need of it through circumstances which could not be reasonably foreseen such as fire, flood, eviction.

Temporary accommodation is provided at Mount Pleasant Hospital, which is a Joint User Institution under the control of the Glantawe Hospital Management Committee. The Blocks used for the accommodation of temporary families are I. and V.

Due to the fact that Block V. which is occupied by females and children under five years of age is not considered structurally sound, the question of relinquishing the block is continually being considered. Block I. is also earmarked for vacating but, unfortunately, this is occupied by a number of aged residents (male) as well as a few men who are being afforded temporary accommodation. If these aged residents could be provided with alternative accommodation, Block I. could be transferred to the Glantawe Hospital Management Committee and so, to a large extent, relieve the Chronic Sick situation of this area.

The provision of a Problem Family Rehabilitation Hostel at Waunarlwydd by the Health Committee has relieved to a certain extent the unsatisfactory situation at Mount Pleasant Hospital. Great difficulty had been experienced in getting to grips with this tremendous social problem when the only accommodation available was Mount Pleasant Hospital. From experience it had been found that :-

- (1) Families provided with temporary accommodation were prepared to accept Mount Pleasant Hospital as their permanent home and no effort was made to take their normal place in the community.
- (2) The supervision and education of these families in the elementary principles of family life was considered impossible in the unsatisfactory environment of Mount Pleasant Hospital.
- (3) Complaints were continually being received from the Hospital Authorities regarding the conduct of the children accommodated by this Authority. Communal living also had a detrimental effect on these children.

With the rehabilitation scheme, which had been inaugurated in 1955 well "under way" the progress made by the families at "Cwmllywd" was most impressive. The Health Visitor/Social Worker, who is responsible for the supervision of these families, was afforded the fullest co-operation from all sections of the department, and the regular case discussions I undertook with her and the Lay Administrative Officer proved that the experiment was proving most worthwhile.

One family it was found had made sufficient progress and has attained a standard which made it worthy of consideration for re-housing. A recommendation to this effect was made to the Housing Committee and the first family under this Rehabilitation Scheme was granted a Corporation tenancy. The co-operation of the Housing Committee in this matter proved to be of tremendous encouragement and an incentive to the Supervising Staff and the families under-going this rehabilitation training.

If the progress of other families is maintained, I see no reason why a number of other families should not be considered suitable for re-housing during 1957.

Apart from the financial aspect of temporary accommodation, the continued success of the Health Committee's "Problem Family Scheme" has relieved the acute position at Mount Pleasant Hospital and has, to a degree, solved the hopeless situation of having problem families who are content to be passengers on the Local Authority's Welfare Services and society.

Temporary Accommodation, Mount Pleasant Hospital.

Date	Male	Female	Children	TOTAL
Accommodated 31.12.55	3	7	5	15
" 31.12.56	1	10	5	16

Cwmllwyd Hostel.

	Male	Female	Children	TOTAL
No. of residents on 31.12.55 ...	6	5	26	37
No. of residents admitted during the year. ...	7	8	4	19
No. of residents discharged during the year ...	6	6	7	19
No. remaining on 31.12.56 ...	7	7	23	37

Apart from the temporary accommodation afforded to evicted families, mothers and children who have been deserted by their fathers, unmarried mothers with children etc., this authority was called upon on the 17th December 1956, to provide for victims of a fire at Woodfield Street, Morriston.

The premises affected were completely gutted and it was necessary to provide accommodation for five families who were rendered homeless. In view of the circumstances it was decided to transfer these families to Cwmllwyd Hostel, Waunarlwydd, which is arranged in self-contained flatlets.

The families were provided with food and shelter until other suitable arrangements could be made by them, and the Welfare staff were on duty until 3.30 a.m. the following day.

All the families concerned made their own arrangements for accommodation and discharged themselves from Cwmllwyd Hostel on 21st December, 1956.

The co-operation of the Police Force and the Education Department (Emergency Meals Service Section) was greatly appreciated.

In The Community.

The variety and extent of the community work undertaken by this Authority continues to increase and is reflected in the numbers of visits made during the year. Approximately 500 visits were made regarding admission to Homes for the Aged and 100 other miscellaneous enquiries such as:-

- (1) Obtaining "home conditions" report on cases recommended for priority in admission to hospital.
- (2) Investigating applications for admission to "Rest Homes", Porthcawl.
- (3) Regular visiting of persons who it is thought are in danger of becoming "problem cases". Where such dangers can be foreseen, the prevention of deterioration in physical health and environmental conditions can be effected.
- (4) Investigating complaints received regarding old people who are notified as being in need of care and attention, living in insanitary conditions or proving themselves to be a source of worry to neighbours or organisations.

The sources of these complaints were multifarious and included general practitioners, district nurses, health visitors, general public, National Assistance Board officers, voluntary organisations, etc. The problems considered and the action taken were equally varied and included :-

- (a) Admission to Homes for the Aged.
- (b) Holidays arranged at "Rest Home", Porthcawl.
- (c) Arrangements made for visiting by members of the Swansea Old People's Welfare Committee.
- (d) Chiropody treatment under the auspices of the Swansea Old People's Welfare Committee.
- (e) Introduction to the W.V.S. "Meals on Wheels" Service.
- (f) Provision of Domestic Help Services if indicated.
- (g) The services of a district nurse arranged if medical conditions necessitated same.
- (h) National Assistance Board's Area Officers contacted regarding where financial circumstances appear unsatisfactory

Investigation of cases was not confined to normal working hours of 9 a.m. to 5 p.m. but continued when the need arose at all hours of the day and night. Records show that during the year there was an increase in the number of cases attended out of office hours and details of which are as follows :-

Times	6p.m. -7p.m.	7p.m. -8p.m.	8p.m. -9p.m.	9p.m. -10p.m.	10p.m. -11p.m.	11p.m.- Mid- night.	After Mid- night	Week-ends and Public Holidays		
								Sat.	Sun.	P.M.
No. of calls	8	9	4	8	7	10	15	12	21	1

Cases attended after normal hours, 1955 ... 89

Cases attended after normal hours, 1956 ... 95

Increase ... 6

Arrangements have been made with the National Assistance Board that railway vouchers be issued by the duty welfare officer of this authority which will enable him to deal with vagrants. This not only relieves the National Assistance Board of the task of investigating cases after normal office hours but also enables this authority to facilitate transfer to a reception centre immediately without being forced to admit to Part III Accommodation as an interim measure.

Arrangements with other Authorities.

In accordance with Section 24 of the National Assistance Act, 1948 a Local Authority has power to provide with residential accommodation, a person "ordinarily resident in another Local Authority's area". The provision of accommodation is in all cases the responsibility of the Authority in whose area the person happens to be when his need arises. There is no power to remove a person compulsorily to an institution in the area in which he is normally resident, as under the Poor Law Act.

Any question arising under the National Assistance Act, 1948, as to the ordinary residence of a person shall be determined by the Minister if the Local Authorities concerned are unable to reach agreement.

Great care has, therefore, to be taken by investigating officers when dealing with applications for residential or temporary accommodation, as previous movements and the dates have direct bearing when determining ordinary residence, which in time affects the financial burden to be borne by the Authority.

No. of other Local Authorities' cases accommodated by the Swansea County Borough Council on 31.12.1955	...	16
No. of other Local Authorities' cases accommodated by the Swansea County Borough Council on 31.12.1956	...	15
No. of Swansea cases in other Local Authorities accommodation on 31.12.1955	...	8
No. of Swansea cases in other Local Authorities accommodation on 31.12.1956	...	6

Voluntary Organisations.

The Welfare Services of today emphasise the need to assist old people to lead as full and interesting a life as possible while continuing to live in their own homes or with relatives. This authority welcomes any assistance, irrespective of source which would help to ensure that this need is met.

1956 has been a year of distinct progress in this direction and it has also been evident that the co-operation which exists between the Department and the voluntary organisations has been further strengthened.

No one organisation has done more for the welfare of the aged than the Swansea Old People's Welfare Committee which was formed in 1954. No better proof of its enthusiasm and virility can be had than by examining some of the work undertaken and the future policy of this Committee.

A voluntary visiting service to the aged and lonely in all districts of the town continues and is proving more than a worthy supplement to the visiting services being carried out by this authority. With such a heavy demand on the social workers of the Health Department, it has enabled a greater concentration of time and number of visits to the more "acute" cases which have been brought to the department's notice.

The Chiropody Service which was launched in 1954 is meeting to the best of its ability an unprecedented demand from the aged of all parts of Swansea. The following brief statistical picture speaks for itself.

Ambulant Cases.

No. of sessions arranged since the inception of the scheme	...	...	140
No. of treatments received by patients	...	...	879
No. of patients on the register at the end of the year	...	...	350

Domiciliary Cases.

No. of sessions	...	...	15
No. of treatments given	...	...	79
No. of patients on the register at the end of the year	...	...	35

This service has been said to have contributed more to the keeping of elderly people active and happy than any other service provided by the Committee.

The escort of residents to the hospital out-patients' departments is only a minor service but none the less important. In previous years it has been necessary for a member of the staff of the Homes for the Aged to escort the majority of residents to these departments for treatment. The time spent on these "escorting duties" can now be used to greater advantage in the Homes and the small panel of volunteers from the Swansea Old People's Welfare Committee have responded nobly to the demands made upon them, and we are most grateful for their kind service.

The Swansea Old People's Welfare Committee's future policy envisages further services to the aged of Swansea in 1957 and among them it is hoped that a "Firewood Scheme" and a "Laundry Service" will prove a success. As Medical Officer of Health, I wish them well on their new ventures.

Those members of the Health Committee and the Superintendent District Nurse who serve on the Executive and Finance Sub-Committee are to be congratulated for, in no small measure, ensuring that the co-operation between this voluntary organisation and the Health Department continues to be a feature of our relationship. The services of the Welfare Administrative Assistant of the Health Department as Assistant Secretary of the Swansea Old People's Welfare Committee is proving most invaluable, as the demands on the Committee increase.

1957 will no doubt prove to be a more ambitious year with the subsequent heavier demand on all concerned, but working as a team it is hoped that everything undertaken will be accomplished successfully.

Further evidence of the activity of voluntary workers is provided by the Women's Voluntary Service. Under the able and enthusiastic guidance of Mrs. T.J. Rees, the Swansea Borough Organiser, the now famous "49 ways in which the Women's Voluntary Service serve the Community" is sometimes understated. It is felt that particularly in "welfare of the aged" the Women's Voluntary Service is more than proving its worth. I wish to mention briefly its foresight in organising and maintaining the active Old Age Pensioners Clubs known as "Darby and Joan Clubs". Four such clubs have been established in the town and are good examples of the organising abilities and enthusiasm of the Women's Voluntary Service. Without such clubs many old people would lead very lonely and empty lives.

The "Meals on Wheels Service" is nationally famous and the Swansea scheme is an excellent example of the value of such a service. Additions to the number already receiving the benefits of the service are being provided by the social workers of the Health Department and is proving immensely popular among the aged residents of this town. The value of the service is emphasised by the fact that this authority made a grant of £50 towards the "Meals on Wheels Service" during the year.

The provision of clothing to needy cases is another service provided by the Women's Voluntary Service. Advantage has been taken of this by my Welfare Officers especially in cases where "problem families" need clothing.

The Swansea Branch of the Women's Voluntary Service is to be congratulated on its co-operation with this authority and has proved to be a valuable member of the "welfare team".

Apart from such organisations who have been found to assist the aged, this authority has not neglected its duties under Section 31 of the National Assistance Act to encourage and sustain the work of the old people who have organised themselves into industrious and capable bodies. Most districts of the town have an Old Age Pensioners' Club and a grant of £7. 10. Od. was made to each of these clubs during the year. Appreciation of these grants was most evident and it is a tangible recognition of the interest of the Council in their welfare.

Other voluntary organisations, such as the British Legion, are also active in the social field and have linked up with the statutory services with no small measure of success.

It is most gratifying and a feature of the year's work that co-operation and goodwill has been further strengthened between this authority and voluntary organisations.

Arrangements with Voluntary Bodies.

No application was received during 1956, which necessitated this Authority making arrangements with voluntary organisations. Accommodation continues to be provided by the Glynn Vivian Home of Rest for the Blind for one person and another aged person is accommodated at a British Legion Home near Brecon. The maintenance charges are the responsibility of this Authority.

A patient admitted to the Royal Hospital and Home for Incurables in 1954 passed away during the year.

Fourth Welsh Old People's Week.

The Old People's Welfare Committee for Wales held the Fourth Welsh Old People's week from 30th September to 6th October, 1956. As requested by the Welsh Board of Health, the open support and influence of this authority was given and the fullest co-operation took place which ensured, and contributed, to its success. The object of the "Week" was to arouse public interest in the movement to cherish old people, particularly those who live alone.

A very interesting request was received by this department from the B.B.C. regarding a Television programme which was being produced on 1st October. The programme which lasted half an hour introduced elderly people who were gifted musically or otherwise and able to entertain an audience. The necessary enquiries were made and a list of items suitable for the programme was given to the B.B.C. Auditions were undertaken by the Television Producer for Wales and it was most satisfying to hear that two items were chosen and finally appeared, with great success I may add, in this programme. It was felt by all concerned that full use was made of this opportunity of showing that the grandparents of Swansea were most virile and talented and still very young at heart.

One should not underestimate the importance of Old People's Week and it is hoped that certain ideas which are at present being considered will ensure that the "1957 Week" will not only be as successful as those in the past but will also indicate to the organisers of this event that the County Borough will not be lacking in its enthusiastic support.

Registration of Aged Persons and/or Disabled Persons Homes.

A register of Homes for the Aged or Disabled Persons is maintained by the Department. No person may carry on such a Home without being registered.

No applications for registration were received during the year and the following Homes remain on the Register :- Nazareth House, Bishopston; Glynn Vivian Home, Caswell; Bloomfield Eventide Home, Sketty; Lansdown House, Langland.

Mr. S.F. Fisher, my Lay Administrative Officer and myself are authorised to inspect these Homes on behalf of this Authority.

Compulsory Removal of Persons in Need of Care and Attention.

It was not necessary to take action under Section 47 of the National Assistance Act, 1948.

There were instances where this action might have been considered necessary, but due to the tactful approach of my Welfare Officers, the persons concerned were persuaded to seek admission on their own application.

Care of Property.

Where a person is either admitted to hospital as a patient or is provided with accommodation under Part III of National Assistance Act 1948 and it appears to the Council that there is a danger of loss of, or damage to, any moveable property of his/her by reason of inability to deal with the matter, and no other suitable arrangements are being made, it is the duty of the Council to take reasonable steps to prevent or mitigate the loss or damage.

This aspect of the Health Department's functions is the least well known but none the less important and, during the year, the properties of 21 persons admitted to hospital or Part III Accommodation were dealt with. Apart from securing premises and taking into safe keeping jewellery, documents etc., cash and securities valued at approximately £2,400 were taken into safe custody by the officers of the department.

This aspect of the welfare officer's duties places a great deal of responsibility on the officers and the efficiency and integrity of the staff in undertaking this onerous task is to be commended.

Burial of the Dead.

In accordance with Section 50, National Assistance Act 1948, it is the duty of this authority to cause to be buried or cremated the body of any person who has died or been found dead in the area, when no other suitable arrangements for the disposal of the body have been made.

There were 14 instances where the Health Committee assumed responsibility for burial during the year. This figure shows a decrease on 1955 but approximates to the average for the years 1948 - 1956. Full or part of the costs incurred in these burials was recovered in 10 instances.

Welfare Services for Handicapped Persons.

At the January meeting of the Health Committee, I reported that the Council had already made arrangements for the welfare of the blind and deaf or dumb, but that no arrangements had been made for the welfare of other handicapped persons.

I recommended that a scheme for the welfare of these persons should be submitted to the Welsh Board of Health for approval. The recommendation was confirmed by the Council and subsequently approved by the Welsh Board of Health.

A copy of my report to the Health Committee, together with a copy of the approved scheme is shown below.

" Under Section 29 of the Act, local authorities are given power to make arrangements for promoting the welfare of persons who are blind, deaf or dumb, and of other persons who are substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed.

The Council has already made arrangements for the blind and deaf or dumb, but no provision has yet been made for the other handicapped persons.

Section 29 of the Act contemplates that local authorities will provide for permanently handicapped persons in the defined classes with welfare services which include:-

- (a) an advisory service for such persons;
- (b) instruction in methods of overcoming the effects of their disabilities;
- (c) the provision of "sheltered" employment in special workshops and, where necessary, of hostels to accommodate persons engaged in workshops (provided either under a local authority's scheme or under the Disabled Persons (Employment) Act 1944);
- (d) the provision of work under "home-worker" schemes;
- (e) assistance in the marketing of produce;
- (f) the provision of recreational facilities; and
- (g) the compilation and maintenance of classified registers of handicapped persons.

These services follow the pattern of existing arrangements for the welfare of the blind, but the generality of the local authority's powers under Section 29 is subject to the following limitations:-

1. The local authorities are, in general, precluded from making money payments to handicapped persons, and
2. Welfare services provided under the Section and those which the local authority are required to provide under the National Health Service Act are mutually exclusive.

The type of service which handicapped persons require will necessarily vary according to the nature of the handicap and the degree of personal adjustment which the individual has achieved or can be expected to achieve. For some, the emphasis will be on further physical care, or some aspect of employment - for others on a fuller social life, within the limits of their disability, through the provision of recreational and occupational interests, with such materials and individual help as may be required. The guiding principle of the welfare service should be to ensure that all handicapped persons, whatever their disability, should have the maximum opportunity of sharing in and contributing to the life of the community, so that their capacities are realised to the full, their self confidence developed and their social contacts strengthened. The provision of skilled advice and help will in most instances be the pre-requisite to the achievement of this aim.

In a circular received from the Welsh Board of Health it is stated that the Department is convinced that much benefit would accrue to handicapped persons of all the classes if the voluntary efforts which abound for their welfare were properly co-ordinated and directed in close co-operation with the Health Department. It is hoped that the Council will share these views and will submit schemes accordingly. It further states in the circular that it would greatly facilitate consideration of a scheme to be submitted if it follows the general order and form of the model scheme.

The outline scheme has been drawn into two parts. Part I sets out the services the Council must or may provide immediately, and Part II deals with the progressive development of the services included in Part I to full adequacy as and when circumstances permit the devotion of greater resources to them. Realisation of the limits imposed by present conditions has dictated the subdivision of the first Part into duties which will be obligatory on the Council and powers of which the Council may wish to take advantage. The services included in the mandatory group can all, it is thought, be brought into operation without substantial expenditure of manpower or money, and it is indicated that the Board would be reluctant to approve a scheme which did not make mandatory all the services which have been placed in this group. The Board is of the opinion that these services represent a substantial advance on existing measures for the welfare of the handicapped and yet impose no undue burden on any area even in the difficult circumstances of today.

I therefore recommend that the attached scheme on the lines of the model scheme contained in Circular 32/51 be submitted to the Minister for approval."

County Borough Council of Swansea.

National Assistance Act, 1948.

Scheme for the provision of Welfare Services under Sections 29 and 30 for Handicapped Persons other than the Blind, Partially Sighted and Deaf or Dumb.

The Swansea County Borough Council, in exercise of their powers under Sections 29 and 30 of the National Assistance Act, 1948, hereby make the following scheme under section 29 of the Act and submit the scheme to the Minister of Health for approval under Section 34 thereof:-

Citation and Interpretation.

1. (1) This scheme may be cited as the National Assistance (Handicapped) Persons (General) Scheme, 1956.

(2) The Interpretation Act, 1889, shall apply to the interpretation of this scheme as it applies to the interpretation of an Act of Parliament.

(3) In this scheme, the following expressions have the meanings hereby assigned to them -

"handicapped person" means a person, not being a person whose only handicap is that he is a blind or partially-sighted person or is deaf or dumb, who is substantially and permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed by regulations made by the Minister and who is in need of assistance under this scheme;

"the Act" means the National Assistance Act, 1948;

"the Council" means the Swansea County Borough Council;

"the Minister" means the Minister of Health; and

"voluntary organisation" means a voluntary organisation for the time being registered in accordance with the Act, being an organisation having for its sole or principal object or among its principal objects the promotion of the welfare of persons to whom section 29 of the Act applies and having among its objects the promotion of the welfare of handicapped persons.

PART I.

General.

2. (1) The Council shall promote the welfare of handicapped persons by making such provision as is authorised or required by the following provisions of this scheme.

(2) Any provision in this scheme for the provision of services by the Council shall be construed as a provision enabling the Council to provide the services either directly, or by the employment as their agent of any voluntary organisation.

(3) The Council may enter into an agreement with any other local authority which is duly providing any service which the Council are authorised or required by this scheme to provide for the use thereof by the Council, on such terms, including terms as to the reimbursement of expenditure by that authority, as may be agreed.

(4) The Council may enter into an agreement with any local authority authorised to provide a service which is being provided by the Council under this scheme for the use thereof by that authority on such terms, including terms as to the reimbursement of expenditure by the Council, as may be agreed.

(5) The powers conferred on the Council by clauses 6 and 10 of this scheme to provide sheltered workshops and hostels respectively shall be construed as including power for the Council, instead of providing the services, to enter into an agreement with any voluntary organisation which is rendering analagous services to the public for the use thereof by the Council on such terms, including terms as to the reimbursement of expenditure by the organisation as may be agreed.

(6) In the last preceding paragraph the expression "any voluntary organisation which is rendering analagous services to the public" shall be construed as including any such voluntary organisation as is mentioned in section 30(1) of the Act which has for its sole object the promotion of the welfare of the blind, or of the blind and partially-sighted.

Register.

3. (1) The Council shall keep a register of handicapped persons who apply for assistance and whom the Council assist under this scheme, and shall include therein such particulars as the Minister may from time to time direct.

(2) In the arrangements made for the admission to the register of the names of persons who apply to the Council as handicapped persons the Council shall ensure that any case in which an application is proposed to be refused, and all cases of doubt, shall be referred to the Medical Officer of Health.

(3) In any case in which the Medical Officer of Health is in doubt whether an applicant is a handicapped person, the Council or the Medical Officer of Health, if he is generally or in any particular case or class of case authorised in that behalf, may at the expense of the Council obtain the advice of an appropriate specialist.

Social Welfare.

4. The Council so far as reasonably necessary to meet the needs of handicapped persons shall -

- (1) assist handicapped persons to overcome the effects of their disabilities, and to obtain any available general, preventive or remedial medical treatment which they appear to require;
- (2) give advice and guidance to handicapped persons on personal problems and in connection with any services whether provided under any enactment or rendered by any voluntary organisation, which appear to be available to them and of which they wish to take advantage;
- (3) encourage handicapped persons to take part in the activities of social centres, clubs or institutions, whether provided by the Council under this scheme or otherwise or provided or established by any other person under any enactment or otherwise.
- (4) use their best endeavours to arrange for voluntary workers to visit handicapped persons with a view to affording them comfort and encouragement and assistance in the solution of domestic and other problems confronting them, to accompany them to places of worship, social centres, clubs and similar places of recreation and otherwise to assist in the carrying out of the purposes of this scheme; and
- (5) use their best endeavours to secure the co-operation of the responsible bodies in facilitating the admittance of handicapped persons carried in wheel-chairs or spinal-chairs to places of worship, entertainment or recreation and in making suitable provision for them while there.

5. In addition, the Council may:-

- (1) provide practical assistance for handicapped persons in their homes;
- (2) provide, or assist in obtaining wireless, library and similar recreational facilities for handicapped persons;
- (3) provide for handicapped persons lectures, games and other recreational facilities in such social centres as aforesaid and elsewhere, and also outings;
- (4) provide facilities for, and assistance to, handicapped persons in travelling to and from their homes to participate in any of the services provided under this scheme;
- (5) assist handicapped persons in arranging for the carrying out of any works of adaptation in their homes or the provision of any additional facilities, designed to secure the greater comfort or convenience of such persons, and if the Council so determine defray any expenses incurred in the carrying out of any such works or in the provision of any such facilities; and
- (6) facilitate the taking of holidays by handicapped persons, in particular at holiday homes, whether provided by the Council under this scheme or otherwise, or provided or established by any other body under any enactment or otherwise, and if the Council so determine defray any expenses incurred in or in connection with the taking of such holidays.

Workshop Employment.

6. (1) The Council may provide such sheltered workshops as the Minister may approve in which handicapped persons may be employed in suitable work, or may be trained in pursuance of the Disabled Persons (Employment) Act, 1944.

(2) To the extent which the Minister may approve, the Council may utilise for the purpose of such employment as aforesaid any special workshops which the Council or any other local authority may have provided for the blind.

(3) The Council shall in respect of their employment make such reasonable payments to handicapped persons employed in sheltered workshops pursuant to the provisions of this scheme as the Council may determine, after consultation where necessary, with any other local authority or any voluntary organisation concerned.

Home Employment.

7. (1) The Council may, with the approval of the Minister, assist under supervision handicapped persons who are capable of earning at least such reasonable weekly sum as the Council may determine, by the production of saleable goods or the rendering of useful services, to engage in activities to that end in their own homes, or elsewhere other than in sheltered workshops.

(2) The Council shall make such reasonable payments to handicapped persons assisted under this clause, provided they are not in receipt of National Assistance grants, as the Council may determine, after consultation, where necessary, with any other local authority or any voluntary organisation concerned.

Handicrafts, Crafts and other Skilled Activities.

8. (1) The Council may assist handicapped persons, not being persons assisted under clause 6 or clause 7 of this scheme, who are capable and desirous of engaging in any handicraft, craft or other skilled activity, to engage in that activity in their own homes, social centres or in any other place, not being a sheltered workshop.

(2) No payment shall be made by the Council to any person assisted under this clause.

Marketing of Produce.

9. (1) The Council shall sell or otherwise dispose of all goods produced by handicapped persons assisted under clause 6 of this scheme;

Provided that any goods so produced in sheltered workshops used for the purposes of this scheme under the management of another local authority or a voluntary organisation may be sold or otherwise disposed of by that authority or organisation.

(2) The Council shall help handicapped persons assisted under clause 7 or clause 8 of this scheme to secure orders for their goods or services and to dispose of any saleable goods or other marketable articles produced by them.

Hostels, Social Centres and Holiday Homes.

10. (1) The Council may provide hostels where handicapped persons assisted under clause 6 of this scheme may live.

(2) Any hostel so provided may be used also for the accommodation of other persons who are employed in sheltered workshops provided under any other scheme made by the Council under section 29 of the Act and of other persons to whom arrangements under subsection (1) of that section relate and for whom work or training is being provided in pursuance of the Disabled Persons (Employment) Act, 1944.

(3) Any hostel provided by the Council under any other such scheme as is mentioned in the last preceding paragraph for the accommodation of such persons as are therein mentioned may also be used for the accommodation of handicapped persons to whom paragraph (1) of this clause relates.

(4) The Council may provide social centres and holiday homes for the purposes of this scheme.

(5) Any social centre or holiday home so provided may be used also for the purposes of any other scheme made by the Council under Section 29 of the Act.

(6) Any social centre or holiday home provided by the Council under any such scheme as aforesaid may also be used for the purposes of this scheme.

(7) Any social centre provided by the Council otherwise than under any such scheme as aforesaid may be used also for the purposes of this scheme.

Employment otherwise than in Work or Activities provided directly under this Scheme.

11. The Council shall take such steps as may be practicable, in consultation with the Minister of Labour and National Service, to assist any handicapped person to secure any work in trade, commerce, industry, or a profession for which he appears to be fitted and which he is desirous of obtaining.

Welfare Officers.

12. (1) For the discharge of the Council's functions under this scheme (other than the carrying out of arrangements under clauses 6, 7 and 9 (1) thereof, or under clause 9(2) thereof, except in relation to its operation in respect of persons assisted under clause 8 thereof) there shall be employed by or on behalf of the Council such number of Welfare Officers as the Council may from time to time determine.

Provided that no person employed as a Home Teacher of the Blind, whether qualified or not, shall be employed in connection with the discharge of the Council's functions under this scheme without the consent of the Minister at any time when:-

- (a) the number of persons employed as Home Teachers of the Blind (both qualified and unqualified) is less than one-hundredth of the number of persons whose names appear on the Register of the Blind and the Register of the Partially-Sighted (taken together); or
- (b) the number of persons so employed is less than one one-hundred-and-twentieth of the number of persons whose names appear on the said Registers, when added to the number of persons whose names appear on any other Registers maintained by the Council pursuant to schemes in force under section 29 of the Act, being persons in relation to whom the persons so employed perform duties under the said schemes.

(2) The duties of Welfare Officers shall be such as the Council may determine for the purpose of securing the general welfare of handicapped persons but shall include the following duties, and the duties of Welfare Officers shall be distributed amongst them in such manner as the Council shall determine:-

- (a) to ascertain the existence of and the needs of handicapped persons;
- (b) to visit handicapped persons in their homes, or elsewhere if necessary;
- (c) to instruct handicapped persons in methods of overcoming the effects of their disabilities;
- (d) to encourage handicapped persons to participate in handicrafts, crafts and other skilled activities, and so far as practicable to instruct them or arrange for them to be instructed in the practice thereof;
- (e) to advise handicapped persons of any social, health or medical services or facilities, whether provided under any enactment or made available by any voluntary organisation, of which they appear to be in need and of which they wish to take advantage;
- (f) to give special attention to the needs of handicapped persons suffering from multiple disabilities, in consultation, where necessary, with any officers of the Council who may be specially concerned with any one of those disabilities; and

- (g) To organise social centres, classes and individual and other recreational facilities for handicapped persons, and to recruit voluntary workers to assist in the performance of this duty and to perform other duties in connection with the discharge of the Council's functions under this scheme.

(3) To such extent as may be necessary on account of lack of competence on the part of Welfare Officers employed pursuant to paragraph (1) of this clause, the Council shall use their best endeavours to provide the services of persons, whether as volunteers, part-time workers or workers in any other capacity, who are competent to instruct handicapped persons in the activities referred to in paragraph 2(d) of this clause or any of them.

(4) Save as may be otherwise prescribed by regulations made by the Minister, Welfare Officers employed pursuant to paragraph (1) of this clause shall be persons holding a Diploma of Certificate in Social Science or a similar qualification in social work of a comparable character, or persons as respects whom the Council are satisfied that they enjoy a special aptitude for the work and possess a broad knowledge of the social services and some experience in the field of welfare.

Training Facilities.

13. If any handicapped person applying for assistance under this scheme appears to be capable of benefitting from training under the Education Act, 1944, or the Disabled Persons (Employment) Act, 1944, and is desirous of taking advantage of such training, the Council shall take such steps as are practicable to assist him to that end.

Children.

14. If any handicapped person who applies or in respect of whom an application is made for assistance under this scheme is a child in respect of whose needs it appears that action can more appropriately be taken in relation to him under any other enactment than the Act, the Council shall take the necessary steps to that end.

Persons not Ordinarily Resident in the area of the Council.

15. If a handicapped person applying for assistance under this scheme is not ordinarily resident in the area of the Council, he shall not be assisted under this scheme if the local authority of any area in which he may be so resident have a corresponding scheme, unless the Council and the other local authority concerned are satisfied that it would not be reasonable to assist him under such corresponding scheme as aforesaid.

PART II.

Further development of Welfare Services for Handicapped Persons.

16. The Council shall keep under constant review the services provided in accordance with the provisions of Part 1 of this scheme, in consultation with any voluntary organisation or other bodies concerned, with a view to their progressive development, as circumstances permit, in such a way that:-

- (1) the needs for assistance under this scheme of handicapped persons registered thereunder shall be adequately met;
- (2) the number of Welfare Officers, including persons especially engaged to teach handicrafts, employed by or on behalf of the Council shall be sufficient to secure the efficient administration of the services provided under this scheme.

During the year five applications for assistance were received by this authority.

Brief details are as follows:-

- (a) . A severely disabled person who required assistance in purchasing a garage to house his car was made a grant of £15. 10s. Od. which, together with a British Legion grant, enabled him to purchase the garage.
- (b) A disabled ex-serviceman applied for assistance in purchasing material for constructing a base and drive to his new garage. Although a grant of £15. 0s. Od. was approved by this authority, the Welsh Board of Health were ~~contacted~~ and financial assistance rendered by them.
- (c) A disabled ex-serviceman applied for a loan to enable a garage to be provided at his home. This application was later withdrawn.
- (d) Application from a registered disabled person for financial assistance towards structural alterations to enable him to erect a garage to house a Ministry of Pensions tricycle. This application was approved by the Council and, subject to a discussion of this case with the Welsh Board of Health, the necessary work will be undertaken by this authority. It is anticipated that actual work will be commenced in the New Year.
- (e) A 49 year old man with partial paralysis of the left side approached the Health Department in a very depressed state of mind with a view to assistance in solving his domestic difficulties. Being dependent on his family for his everyday needs he was apparently "not wanted". It was felt that, if this man could be found employment and once more become the bread winner, it would help him both physically and mentally, as well as solve his domestic troubles. The case was discussed with the Ministry of Labour and National Service and it was eventually decided to recommend him for industrial rehabilitation with the prospect of admission to one of the Ministry's centres early in the New Year.

This function of the authority is still in its infancy but there is considerable room for improvement and a good opportunity for doing pioneering work.

BLIND PERSONS - TABLE I.

SHOWING THE DISTRIBUTION BY AGE GROUPS OF THE BLIND POPULATION (INCLUDING ADDITIONS TO AND REMOVALS FROM THE REGISTER.)

Registration.

The number of persons newly registered as blind in accordance with the National Assistance Act of 1948, numbered 55 during the year 1956 bringing the total number registered as blind to 422. Taking into account deaths and transfers to other Authorities, this represented a nett increase of 13 on last year's total. Table I. illustrates the increase and compares the figures for 1956 with those for 1955.

	0		1-4		5-15		16-20		21-39		40-49		50-64		65-69		70 & over		Age unknown		TOTALS.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Total as at 31.12.55	-	-	1	3	2	-	1	-	19	12	5	15	46	34	23	22	81	145	-	-	177	232
409																						
Additions:-																						
New Registrations	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19	35
From P.S. Register																					1	
Transfers from Other Authorities																						3
Removals:-																						
Deaths																					13	28
To P.S. Register																						
Transfers to Other Authorities.																						4
Total as at 31.12.56	-	-	1	1	3	1	3	-	17	15	6	11	43	31	20	23	92	155			182	240
422																						
Age at incidence of newly registered persons						2					1		2	4	1	4	15	25			20	35
Age at incidence of blind population	14	20	2	2	8	8	2	6	25	19	15	15	45	41	11	34	56	98	-	1	182	240
422																						

It can be seen from this table that the greater number of new registrations appear in these age groups of 65 and over and that the number of female registrations was in excess of male registrations. This is, of course, in agreement with the movement of national figures on blindness.

Table II illustrates the age distribution of the newly registered blind persons and the causes of blindness in these cases. Cataract and senile macular degeneration caused the majority of blindness and this again is in accordance with a nation-wide tendency.

TABLE II.

	0 - 4		5 -15		16-20		21-39		40-49		50-64		65-69		70 and over.		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Cataract			1									1			7	14	8	15
Cataract and Other Causes												1	2		3	3	3	6
Senile Macular Degeneration															5	7	5	7
Senile Macular Degeneration & Other Causes																1	1	
Keratitis													1		1		2	1
Glaucoma											1				1	1	1	1
Diabetes																1	1	1
Retrolubular Neuritis																1		1
Optic Atrophy						1										1		2
Corneal Dystrophy											1						1	1
TOTAL			1			1					2	2	3		17	29	20	35
																		55

An analysis of the education, training and employment of the blind population is given in Tables III and IV.

Table III.

Summary of the occupations of Blind Persons as at 31.12.56.

	Male	Female	TOTAL.
<u>Children:-</u>			
aged 2 - 4 years - <u>Educable</u>			
At home	-	1	1
aged 2 - 4 years - <u>Ineducable</u>			
At home	1	-	1
aged 5 -15 years - <u>Educable</u>			
Attending Spec.School for the Blind.	2	-	2
Not at School	-	1	1
<u>Ineducable.</u>			
In Mental Deficiency Institution.	1	-	1
<u>Adults aged 16 years and upwards.</u>			
At school (16-20 yrs.)	-	1	1
Employed in Workshops for the Blind	20	5	25
Employed in open employment	11	-	11
Undergoing training (professional)	1	-	1
Unemployed but capable and available for work:-			
Trained for sheltered employment	-	-	-
" for open "	1	-	1
Subject to being trained for sheltered employment.	1	-	1
Subject to being trained for open employment.	2	-	2
Without training for open employment	5	-	5
Not available for work aged 16-59	1	30	31
" " " " " 60-64.	-	7	7
Not capable of work aged 16-59	5	11	16
" " " " " 60-64.	19	6	25
Not employed aged 65 and over.	112	178	290
TOTAL	178	238	416
Number of persons registered under the Disabled Persons (Employment) Act 1944. (included in above total).	37	6	43

Table III above gives details of the education of children under the age of 16 and the training and employment of adults aged 16 years and over. It can be seen that of the 379 blind persons who are not employed, 290 are over 65 years old and 79 are either not available for or not capable of work. Of the remaining 10, 9 are unemployed and 1 is undergoing training.

In Table IV overleaf, a summary of the occupations of the employed blind persons is given. This shows that of the 36 in employment, 25 are employed in Workshops for the Blind.

TABLE IV.

Analysis of the Occupations of Employed Blind Persons
shown in Table III.

	Within Workshops for the Blind.	In approved Home Workers Schemes	Open Employ- ment.	TOTAL
Basket Workers	6	-	-	6
Mattress Makers	4	-	-	4
Brush Makers	3	-	-	3
Carpenters and Woodworkers	-	-	1	1
Clerks and Typists	-	-	1	1
Craft Instructors	1	-	-	1
Factory Operatives	-	-	3	3
Knitters - Machine	1	-	-	1
Labourers	-	-	2	2
Legal Profession	-	-	1	1
Massage and Physiotherapy	-	-	2	2
Mat Makers	3	-	-	3
Office Executives	1	-	-	1
Piano Tuners	1	-	-	1
Porters, Packers and Cleaners	1	-	-	1
Open employment other than already catalogued	-	-	1	1
Miscellaneous	4	-	-	4
TOTAL	25	-	11	36

Visiting of the Blind.

During the year 1956 a new scheme of visiting the blind was inaugurated to ensure that all blind persons are regularly visited. The Health Visiting staff undertake the routine visiting of the blind to enable the Blind Welfare Officer to devote her time to those cases which require specialised attention. After each visit the Health Visitor submits a report to the Blind Welfare Officer who then decides what action, if any, is required. This scheme is working most satisfactorily.

Home Teaching.

During the year over 200 lessons in Braille and Moon were given and the Blind Welfare Officer made an average of 25 visits a week.

Rehabilitation of the Blind.

Suitable blind persons are encouraged to attend courses of industrial or social rehabilitation. These courses are organised by the Royal National Institute for the Blind. Where industrial rehabilitation is concerned, arrangements are made through the Ministry of Labour and National Service. In 1956 two men attended such a course and are now in regular employment. In the case of social rehabilitation, which is devoted to training a blind person, and in particularly a newly blind person, to cope successfully with the day-to-day affairs of life, arrangements are made directly between the Local Authority and the Royal National Institute for the Blind. In this instance all costs are borne by the Local Authority concerned.

Social Activities.

The Social Centre for the Blind at Toronto Place, Penlan, continues to be held fortnightly. The afternoon is devoted to either handicrafts or various types of entertainments. At Christmas time a party was held for members of the club and in July an outing to Aberystwyth took place. This was in addition to the Annual Outing of all unemployable blind persons, which was given by the Swansea and South Wales Institution for the Blind.

Holiday Grants.

During 1956 financial assistance was given to certain blind people to enable them to have a holiday. Grants were either made directly to the persons concerned or the Authority paid for a fortnight's holiday at the Glynn Vivian Home of Rest for the Blind, Caswell, or at the Southerndown Home of Rest for the Blind, Southerndown. 12 such holiday grants were made in 1956.

Services and Amenities available for the Blind.

The usual services and amenities are available for the blind people of Swansea.

Chiropody.

A Chiropody Service, financed by the Authority, enables blind persons to have treatment free of charge. The service has proved most successful and the only difficulty is providing treatment for all those who require it.

Wireless for the Blind.

Wireless receivers for the Blind, both main and battery, and battery replacements continue to be distributed by this department and I am pleased to report that all persons requiring sets have been issued with one without delay. The cost of repairing these sets is borne by the Swansea and South Wales Institution for the Blind. There is also a scheme whereby blind persons can receive the Rediffusion Service at a reduced rental. This is arranged by the Swansea and South Wales Institution for the Blind on the recommendation of the Health Department.

Clothing Grants.

Clothing grants are made annually to those blind persons who need them. These grants are issued by the Swansea and South Wales Institution on the recommendation of the Blind Welfare Officer and take the form of a cash payment. Over 70 such grants were made in 1956.

Other Services.

Certificates of blindness for the renewal of wireless licences, railway vouchers for business purposes, white walking sticks, and other appliances specifically manufactured for the Blind are also issued and dealt with by this department.

Partially Sighted Persons.

Statistics regarding the registration of Partially Sighted persons reveal an increase of 19 on the total in 1955. As in the case of new blind registrations the new cases were mostly in the older age groups.

Registration of Partially Sighted Persons.

Table 1 - Total Number on Register - Age Groups and Sex.

	Males	Females	TOTAL.
Aged 5 - 15 years ...	1	4	5
" 16 - 20 " ...	2	-	2
" 21 - 49 " ...	1	4	5
" 50 - 64 " ...	5	7	12
" 65 - and over ...	39	65	104
TOTAL	48	80	128

Table 2 - Cases newly registered (excluding re-certifications and Transfers from Other Areas)
Age at Date of Registration.

	Males	Females	Total
Aged 21 - 49 years ...	1	-	1
" 50 - 64 " ...	1	-	1
" 65 - and over ...	6	12	18
TOTAL	8	12	20

Table 3 - (i) Class A - Persons near and Prospectively Blind (Age 16 and over)

	Males	Females	Total
Employed Aged 21-49 yrs.	-	1	1
Unemployed -			
(Not available for - " 50-64 "	2	3	5
(or not capable of " 65 & over	22	54	76
(work			
TOTAL	24	58	82

Table 3 - (ii) Class B - Persons Mainly Industrially Handicapped (age 16 and over)

	Males	Females	Total
Employed Aged 50-64 yrs.	1	-	1
Undergoing training " 16-20 yrs.	1	-	1
Unemployed - not under training			
Available for and " 21-49 yrs.	1	-	1
capable of training or work.			
TOTAL	3	-	3

Table 3 (iii) - Class C - Persons requiring observation only (age 16 and over)

	Males	Females	Total
Aged 21 - 49 years ...	-	3	3
" 50 - 64 " ...	2	4	6
" 65 and over ...	17	11	28
TOTAL	19	18	37

Table 3 (iv) - Class D - Children aged 5
and under 16.

	Males	Females	Total
<u>Educable:-</u>			
Attending Special Schools ...	1	1	2
Attending other Schools ...	-	3	3
TOTAL	1	4	5

Table 4 - Children aged 16 and over still at
School.

	Males	Females	Total
Number of children aged 16 and over and still at school ...	1	-	1

Table 5 - Persons registered under the Disabled
Persons (Employment) Act, 1944.

	Males	Females	Total
Number of persons registered under the Disabled Persons (Employment) Act, 1944.	2	-	2

I am indebted to Mr. F.G. Hibbert, the Consultant Ophthalmologist, for the following report.

Analysis of cases examined under Blind Persons Act between
June 1948 and June 1957 in the County Borough of Swansea,
in which the principal diagnosis of Glaucoma
occurs.

Terms.

Glaucoma is taken to refer to the condition of raised intra ocular pressure.

The older clinical terms are used to subdivide cases on a clinical basis, e.g.

- Simple glaucoma (? wide angle)
- Congestive glaucoma (? narrow angle)
- Secondary glaucoma is caused by other
apparent and recognisable ocular disease

Fields of vision in glaucoma were considered thus:-

- Wide field = normal full field or upper or lower arcuate relative scotomas.
- Constricted = contraction to lower border of upper arcuate scotoma or upper border of lower.
- Grossly constricted = contraction to inner borders of upper and lower arcuate scotomas.

Grouping of cases.

- 1. Cases found to be Blind within the meaning of the Act.
- 2. Cases found to be Partially Sighted.
- 3. Cases found to be not registrable.

1. Cases found to be Blind - 59 of total Registered 333 = 17.5%

Simple Glaucoma

Average age 76 years

These cases were simply grouped into three main sections:-

- Group A. Cases needing operative treatment on one or both eyes.
- Group B. Cases in which operation for active glaucoma had been successful in stabilising intraocular pressure.
- Group C. Cases in which operation had failed.

For purposes of comparison the state of visual field is given in columns

TABLE I

Field of vision P.L. = perception of light	Group A.	Group B.	Group C.
No. P.L. in one eye ...	10	4	7
No P.L. in both eyes ...	3	0	3
Narrow field in both or ... only eye	16	4	3
Wide field in both or better eye ...	8	9	1
Total cases ...	27	13	7

Cases found to be Blind

It is seen that the proportion of eyes retaining a wide field is much greater in group B.

The prognosis for vision in groups A and B is related to:-

- (a) The need for operative or other (miotic) treatment to reduce raised intra ocular pressure in group A. Without this, progress^{ive} loss of residual field is inevitable.
- (b) The need for treatment for ancillary causes of loss of vision in both groups. This was found to be related to the pressure of cataract of sufficient density to indicate operation.

TABLE II

		<u>Cataract</u> <u>Indication for Operation</u> <u>Removal</u>
<u>Group A.</u>		
Total 27 cases	...	10
<u>Group B.</u>		
Total 13 cases	...	9
<u>Group C.</u>		
Total 7 cases	...	<u>1</u>
	Total	<u>20</u> = 42%

The majority of cases in all groups were recorded as having cataract of significant density.

Congestive Glaucoma.

Total 5 cases - average age 72 years.

The complexity of the clinical picture contrasts with the simple glaucoma group. An analysis of each case illustrates this.

Case 1.

Unilateral congestive glaucoma. This case was recorded as such but may have been secondary, for example, to thrombosis of central vein.

Age - 80 years.

R.E. Mature cataract. Absolute glaucoma. No P.L.

L.E. Aphakia. Secondary cataract requires needling.

Case 2.

Age - 58 years.

R.E. Recurring attacks. No P.L.

L.E. Operation broad iridectomy stabilised tension. Field less than 10°. Cataract present.

Case 3.

Age - 76 years

R.E. Cataract. Recurring attacks of glaucoma. Operation needed.

L.E. Acute attacks. Operation failed. No P.L.

Case 4.

Age - 66 years.

R.E. Aphakia. Acute attack. Operation stabilised tension with good field. Macula degeneration.

L.E. Absolute glaucoma. No P.L.

Case 5.

Age - 71 years.

R.E. Acute attack. Enucleation of a blind eye with no P.L.

L.E. Acute attack. Operation was unsuccessful.

Secondary Glaucoma.

Total 7 cases - average age 72 years.

These are grouped under the heading of established causes.

Iridocyclitis.

3 cases with similar histories. Ages 69, 86 and 84.
In each case, glaucoma supervened upon treated iridocyclitis.
In each eye of each case operation of iridectomy failed.

Central vision of P.L. only with gross field constriction in one eye only was present in each case.

V. Boeck's Sarcoid.

1 case - aged 47 years.

General signs of sarcoid were present. Each eye developed secondary glaucoma controlled by operation. Each eye developed complicated cataract for which operation is refused.

Subluxation of cataractous lens.

2 cases - aged 79 and 63 years.

The first case showed glaucoma in one eye only. The second eye showed cataract only. Operation is needed.

The second case was bilateral and refused all treatment.

Post-operative glaucoma.

1 case - aged 76 years.

Cataract extraction in each eye followed by glaucoma.

Trophine operation failed in each eye.

2. Cases found to be Partially Sighted.

Total cases 7. Total registered 140 = 5%. Average age - 75 years.

Glaucoma Simples. 4 cases. All bilateral.

Case 1.

Age 81 years. Successful operation in each eye.

R.E. Vision 6/18 wide field cataract.

L.E. Vision L6/60 wide field cataract.

Case 2.

Age 75 years.

R.E. Absolute glaucoma. No P.L.

L.E. Successful operation. Wide field. Cataract needs operation later. Vision 6/36.

Case 3.

Age 55 years.

Bilateral glaucoma operations were successful. Cataract operations were later successful.

R.E. Vision L6/60. Field grossly constricted.

L.E. Vision 6/9. Field wide.

Case 4.

Age 82 years.

Bilateral glaucoma operations were successful.

R.E. U.P.L. only. Field grossly constricted.

L.E. U 6/12. Field partly constricted.

Congestive Glaucoma.

3 cases each unilateral. Average age 76.

Case 1.

Age 75 years

Left acute glaucoma. Operation was successful. Bilateral cataract.

R.E.) Vision 6/24.
L.E.)

Case 2.

Age 77 years.

R.E. Normal tension. Cataract operation successful. Vision 6/18. Field full.

L.E. Absolute glaucoma. No P.L.

Case 3.

Age 76 years

R.E. Cataract. Vision 6/18. Field full.

L.E. Absolute glaucoma. No P.L.

Note on Group C. Blind Persons. Failed Operation Group.

The cases in Group C would tend to detract from the value and safety of operation in simple glaucoma. Details are given to show that, in all probability, the cases fall outside the strict diagnosis of glaucoma simplex.

Case 1.

Age 80 years.

R.E. Vision L6/60. Field grossly constricted.

L.E. Vision L6/60. Field grossly constricted. Tension is recorded as slightly raised. The length of time since operation (3½ years) indicated that tension was probably stabilised.

Case 2.

Age 81 years.

Infection at operation caused loss of vision in only eye.

Case 3.

Age 79 years.

R.E. No P.L.) Operative details are not given.
L.E. No P.L.)

Case 4.

Age 71 years.

Unilateral glaucoma. In all probability this case is not one of simple glaucoma.

R.E. Absolute glaucoma. Operation had failed.

L.E. Normal tension. Cataract operation needed. Field vision wide.

Case 5.

Age 79 years.

Bilateral glaucoma.

R.E. Absolute glaucoma.

L.E. Vision L6/60. Field grossly constricted. Tension raised.

Case 6.

Age 80 years.

R.E. Cataract operation was followed by glaucoma. Operation is recorded as failed but tension was normal. Vision L6/18. Field constricted.

L.E. Destroyed by old injury.

Case 7.

Age 84 years.

Unilateral glaucoma.

R.E. Cataract operation needed. Tension raised.

L.E. Tension stabilised by operation but vision no P.L.

Refusal to give consent for operative treatment for glaucoma.

This was a feature in the Group A of Blind Persons with simple glaucoma, i.e. cases listed as in need of operative treatment for uncontrolled glaucoma. These cases were 8 out of 27 cases. Average age 77 years.

Analysis of each case showed:-

3 cases had no P.L. in each eye.

5 cases retained poor vision in one eye only.

In all cases the glaucoma was uncontrolled.

Conclusion.

There is divergence of opinion on the value and safety of operative treatment for simple glaucoma.

The analysis shows that the advantage lies with the cases which had submitted to operation (Group B).

Table 1 illustrates the differing distribution of similar patients in the same age group in regard to retention of wide field as opposed to the incidence of grossly constricted residual field.

Table II. This illustrates the proportion of cases needing cataract operation. In Group A such an operation must be preceded by operation for glaucoma. In Group B cataract operation could be undertaken at once. The advantage, again, lies heavily upon Group B and favours operative treatment for simple glaucoma in the age groups considered.

The analysis of partially sighted cases illustrates the advantages gained by operative treatment in simple glaucoma in this age group.

Congestive Glaucoma.

The cases appear to fall into two main groups:-

(1) Cases of unilateral absolute glaucoma with no evidence of glaucoma in the opposite eye. Total 8 cases.

Blind. 1 case. The second eye needed operation for cataract.

Partial Sight. 3 cases. The second eye showed cataract.

Not Blind. 4 cases. Good vision was retained in the second eye which showed no evidence of glaucoma.

(2) Cases of bilateral glaucoma. Total 5 cases.

Blind. 4 cases. Three cases had no P.L. in one eye but had had successful operation in the other. In each case cataract was responsible for loss of vision in this eye.

Not Blind. 1 case.

R.E. Enucleated for glaucoma.

L.E. Successful operation for glaucoma. The glaucoma was acute in each eye.

Age Groups.

Simple Glaucoma Average age - 76 years

Congestive Glaucoma	"	"	Blind	...	...	72 years
			Partially Sighted	...	...	76 "
			Not Blind	...	...	68 "

Glaucoma as a cause of blindness or partial sight falls into the age group 70+.

In all the analysis and comments the close relationship between glaucoma and senile cataract is evident. The two conditions appear to be separate entities however, and the analysis does not tend to suggest that cataract is causative in the onset of simple glaucoma.

Miotic Treatment.

The series did not help in relating this to operative treatment. Figures are not available in this series to allow comment.

A personal opinion is that the presence of lens opacities tends to cause marked loss of visual acuity during miosis and patients in this age group rarely instil miotics with daily regularity.

Cases found not to be Blind. Average age - 70 years.
Total 7 cases out of 96 = 7%.

Glaucoma Simplex. 1 case.

Age 67 years. Operation successful in each eye.

R.E. Vision 6/12. Field moderately constricted.

L.E. Vision 6/12. Field wide.

Congestive Glaucoma. 5 cases - Unilateral 4)
 Bilateral 1)

Case 1.

Aged 30 years.

R.E. No glaucoma. Successful cataract operation. Vision 6/12.

L.E. Emucleated for acute glaucoma.

Case 2.

Age 86 years.

R.E. No glaucoma. Vision 6/12. Field wide.

L.E. Tension raised. Vision P.L. Field grossly constricted.

Case 3

Age 50 years.

R. E. Emucleation for acute glaucoma.

L.E. No glaucoma. Vision 6/12.

Case 4.

Age 68 years.

R. E. Enucleation for acute glaucoma.

<u>L.E.</u>	Acute glaucoma.	Successful operation.	Vision 6/12.
	Field wide.		

Case 5.

Age 66 years.

R.E. Enucleation for acute glaucoma.

<u>L.E.</u>	No glaucoma.	Successful operation for cataract.
	Vision 6/12.	Field wide.

Comments.

In each case of enucleation, it is to be presumed that the eye was blind before enucleation. Loss of perception of light with acute glaucoma is an indication for enucleation. Any other operation is contra indicated. These cases are placed under the heading of congestive glaucoma. It may well have been that thrombosis of central retinal vein was the primary cause.

Secondary Glaucoma. 1 case.

Aged 81 years.

R.E. Iridocyclitis. Absolute glaucoma. No P.L.

L.E. Successful operation for cataract. Vision 6/12.
Field wide.

TABLE III.

Proportion of totals of cases registered from all causes showing
glaucoma.

		<u>Glaucoma.</u>	<u>%.</u>
1. Blind Persons.			
	Total 333	59	17.5
2. Partially Sighted Persons.			
	Total 140	7	5
3. Not registered.			
	Total 96.	7	7

Age Distribution of Blind Persons with Glaucoma.

	30+	40+	50+	Age:- 60+	70+	80+	90+
Cases ...	1	0	1	10	21	22	3

This distribution corresponds with that in the Sorsby Report (see Table 8, Page 9, and Table 9, Page 10).

Comment. Cataract plays a significant part in the actual loss of useful vision - see Table II.

This indicates that cataract and glaucoma cannot always be separated as causes of blindness in the later age groups but must be considered as closely related. This is of considerable clinical importance in relation to preventive measures.

Distribution of Numbers between Types of Glaucoma
Causing Blindness.

		<u>Simple.</u>	<u>Congestive.</u>	<u>Secondary.</u>
Total	...	47	5	7

Comment. It was found possible to differentiate cases of simple glaucoma from details on B.D.8 forms with confidence.

Table I brings out the advantages of surgical treatment. Details of cases of simple glaucoma in the partial sight group and "not blind" group tend to support this impression.

Table II associates cataract closely with glaucoma as a major factor in the loss of vision.

Details of congestive and secondary types indicate the variability and heterogeneous character of the cases.

Simple glaucoma accounts for the greater proportion of cases of blindness from glaucoma.

Opinion. Simple glaucoma is clearly recognisable in the clinical field and analysis depends upon:-

1. Tonometry. This varies in practice from the use of Schiotz impression tonometer to elaborate methods of assessing obstruction to aqueous out-flow.
2. Scotometry. The detection and analysis of arcuate defects and changes occurring during periods of observation.
3. Fundus observation. Cupping of the optic disc has in the past been the main observation leading to diagnosis of simple glaucoma.

It may be suggested, as a result of this survey, that closer observation in the age groups 55-70 years will lead to earlier diagnosis of simple glaucoma.

The observations in the Sorsby report on glaucoma clinics (Page 45, para. 2) needs emphasis but the detection of cases in the early phase involves constant vigilance on the part of the opticians and ophthalmologists with particular stress placed on the frequent use of the Schiotz tonometer.

Welfare Services for the Deaf and Dumb.

The Swansea County Borough Council in exercising their powers under Section 29 of the National Assistance Act 1948 have inaugurated a scheme for promoting the welfare of persons who are deaf or dumb and who reside in their area.

The Council taking advantage of the provision of the scheme employs as their agent, for the purposes of Section 29, the Swansea and District Deaf and Dumb Mission. Close collaboration is maintained between the Mission and the department and the present arrangement has proved practicable and satisfactory.

Of the 105 Registered Adult Deaf in Swansea, 100 are regular members of the Swansea and District Deaf Social Club. The Hall is open every Tuesday, Thursday and Saturday for social activities. During the winter months Thursday evenings are devoted to league games in the local Snooker League when the Deaf and Dumb team competes with "hearing" teams, and away games are played at various Institutes on other evenings. The snooker team also competes against other deaf clubs in South Wales on Saturday afternoons at regular intervals.

Most of the social activities are arranged by a committee of deaf people under the chairmanship of the Superintendent. These people are elected annually by the deaf members. Refreshments are managed by the Ladies section of this committee.

Weekly activities are Billiards, Snooker, Table Tennis, Darts, Television, Dramatics, Whist Drvies, Beetle Drives etc., and, in the winter season, football and hiking.

The Mission Superintendent believes that this is the only Mission having its own Deaf "Mayor and Mayoress" who are elected annually by popular vote and special celebrations are held in June each year for the installation ceremony.

A playing field in Caswell is shared with another organisation and, in the summer months, fortnightly visits are paid to this field where any of the members can attend. It has in it a large pavilion so that refreshments are provided for any who wish to spend a full day there. It is also open for them on Whit-Monday and the August Bank holiday week-end.

TABLE I.

Deaf and Dumb Register as at 31st December, 1956.

	Deaf			Hard of Hearing			TOTALS		
	M	F	T	M	F	T	M	F	T
0 to 5 years ...	-	1	1	-	-	-	-	1	1
5 to 16 years ...	9	9	18	2	1	3	11	10	21
16 to 21 years ...	5	4	9	-	1	1	5	5	10
21 to 40 years ...	17	14	31	-	-	-	17	14	31
40 to 50 years ...	16	15	31	1	-	1	17	15	32
50 to 60 years ...	17	14	31	1	-	1	18	14	32
65 to 70 years ...	-	-	-	-	-	-	-	-	-
Over 70 years ...	1	2	3	-	-	-	1	2	3
TOTAL ...	65	59	124	4	2	6	69	61	130

TABLE II.

Number Employed.

Deaf		Hard of Hearing		TOTAL	
M.	F.	M.	F.	M.	F.
42	14	2	1	44	15
				59	

Children at School.

Special Schools for the Deaf	...	17
Special Schools for Partially Deaf	...	-
Ordinary Schools	...	-
Institutions	...	-
		<u>17</u>

WATER.

Public Water Supply.

It is estimated that 99.9% of the inhabited houses in this area are connected to the mains supply.

Medical Examination of Employees.

All employees of the Water Undertaking whose duties bring them into any area near a water conduit have completed medical and bacteriological examinations.

General Report on Work of the Undertaking for 1956.

The work of the Undertaking during 1956 was largely devoted to integrating the new Usk Reservoir Works into the general operation of the Undertaking as a whole.

During the latter part of 1955 the Usk Scheme had come into service and all efforts had been directed to restoring the balance of supplies at the older reservoirs at Cray and Lliw which had been severely overdrawn during the 1955 Summer.

By the 1st January, 1956, all storage reservoirs had again filled, save the Usk which had still to fill for the first time. By early March the reservoir was only five feet below overflow and, at this time, springs were observed on the hillside below the northern end of the Dam. The appearance of these springs so close to the base of the Dam caused some concern and it was decided to lower the water level immediately, both as a precautionary measure and to investigate any possible connection between the springs and water level in the reservoir. The water level was dropped by 16 feet in three weeks at which point the springs disappeared. Lack of rainfall during the Spring and Summer prevented further investigation of this phenomenon, and although observations continued through the year it was not until the late Autumn that any progress was made.

During the Summer, exploratory excavations revealed a bore hole made in 1930 which reached a level 34 feet below the reservoir top water level. This borehole is situated in rock some 170 feet north of the end of the Dam "cut-off" wall. Daily measurements of the water level in this borehole were taken and compared with that in the reservoir; the water level in the borehole varying with that in the rocks at the end of the cut-off trench.

These observations showed that a few days after heavy rain the water level in the rocks rose rapidly and occasionally reached levels as much as 12 feet above the water level in the reservoir. When the water level in the borehole rose appreciably the flow from the springs also increased, though the flow attributable to underground sources never exceeded the figure of 6,000 gallons per day.

By the end of 1956 firm conclusions had been reached regarding the origin of the spring water and any doubts about the Dam dispelled. However, some concern was felt that continual seepage near the flank of the Dam might in time soften the rocks in that area and lead to more serious trouble, and a scheme was being prepared to extend the Dam "cut-off" and throw the spring water into the valley of the Nant Henwen.

The other major event for the Department in 1956 was the commissioning in July of the new Cold Reduction Plant of the Steel Company of Wales at Velindre. Water Consumption increased slowly as the works were started up in stages, but a total of 123 million gallons had been taken during 1956 and consumption at the Works was exceeding 1 million gallons daily by the end of the year.

Rainfall.

The year started with a wet January rainfall exceeding average by some 40%. February, however, though dry was very cold resulting in a large number of burst pipes which kept Departmental and private plumbers busy for many months.

Rainfall during March, April and May, though frequent, was below average and the levels of all storage reservoirs fell slowly. In June, July and August the position was reversed, rainfall exceeding average by 25 per cent but the reservoirs did not gain appreciably until September which had almost double the normal rainfall.

October and November were unusually dry but December rainfall was heavy and enabled the Department to end the year with all the old reservoirs on overflow.

Average rainfall for the year was 11% low at Usk, 13% low at Cray and 10% low at Lliw.

Consumption.

Consumption for all purposes increased during the year and reached new record levels. The availability of water from the Usk Scheme enabled the Department to meet a record demand without difficulty and it was unnecessary to use water from the emergency source at Dan-yr-Ogof.

A total of 4,778,284,000 gallons were supplied during the year, an increase of 380,354,000 gallons on the previous year, an increase of 8.65%. The water was drawn from the various impounding reservoirs as follows:-

	<u>Total Quantity.</u>	<u>Percentage of</u> <u>Total.</u>
Usk ...	2,132,289,000 gallons	44.6%
Cray ...	1,996,330,000 gallons	41.7%
Lliw ...	649,538,000 gallons	13.7%

Bulk consumers demanded 1,117,375,000 gallons during the year, an increase of 47,840,000 gallons, or 4.47% on 1955; The Llŵchwr U.D.C. taking 47.58%; Pontardawe R.D.C. 46.25%, and Gower R.D.C. 6.16% of the total.

Details of Consumption in the Borough are shown in the following Table:-

<u>Class of</u> <u>Consumer.</u>	<u>Total Consumption</u> <u>- Gallons .</u>	<u>Average Consumption</u> <u>per Day - Gallons.</u>	<u>Percentage of</u> <u>Total Consump-</u> <u>tion.</u>
TRADE	1,379,589,000	3,770,000	37.69%
SHIPPING	55,610,000	152,000	1.52%
FILTER WASH WATER	27,097,000	73,000	.73%
UNMETERED AND WASTE	<u>2,198,613,000</u>	<u>6,007,000</u>	<u>60.06%</u>
TOTAL	<u>3,660,909,000</u>	<u>10,002,000</u>	<u>100.00%</u>

Trade Consumption continued to increase, maintaining the trend which has prevailed since 1947, whilst the new Steel Works must produce a large increase in trade consumption in the immediate future. The increase during 1956 was 11.21%. Shipping consumption fell somewhat during the year but was still above the 1954 level. As 1955 was a year of particularly high consumption by shipping at the Docks some reduction must have been expected.

Domestic consumption and waste increased sharply during the year, partly no doubt to normal growth of consumption with new house construction, but undoubtedly a large increase in waste followed the severe weather of February. Minimum night flows averaged 3,027,000 gallons per day during that month, an increase of 50% above normal. Shortage of staff and sickness affecting several Inspectors blunted the efforts of the inspection staff to reduce waste quickly, and it was apparent that even at the end of the year waste was still above normal.

Some progress was made with the installation of pressure reducing valves to control supplies to areas with excessive water pressure. Towards the end of the year a complete survey of the Borough showed that pressure reduction over wide areas would be desirable and should effect a considerable saving in water wasted, and a reduction in the number of burst pipes and mains. A long term plan was prepared to be carried through during the next four to five years.

Treatment.

The treatment of water at Cray and Lliw continued as heretofore, chloramination being used in both cases. Chlorine dosage varied according to demand from 0.65 p.p.m. to 0.9 p.p.m. at Cray, but remained substantially constant at 0.75 p.p.m. at Lliw. In both cases the ammonia dose was maintained at one-quarter of that for chlorine.

The Usk water is treated at the Bryngwyn Filtration Plant where Aluminium Sulphate was added as a coagulant and chlorine as a sterilizing agent.

The Aluminium Sulphate dose was varied during the year with the condition of the raw water. At times a dose of 16 p.p.m. was sufficient to produce proper coagulation, but in general a dose of 32 p.p.m. was found necessary and by the end of the year treatment had been stabilised at that figure. Raw water entering the Plant was found to have a colour of about 15 degrees Hazen and a pH of 7.3. The chlorination dose varied throughout the year from 1.0 p.p.m. to 1.2 p.p.m. but even at the higher rates of dosing little residual chlorine reached the extremities of the distribution system. Dosing at rates above 1.2 p.p.m. produced a high residual chlorine near the Terminal Reservoirs and resulted in some complaints of chlorinous taste.

The addition of the coagulant to the raw water depresses the pH to about 6.4 p.p.m. and such an acid water would be very corrosive.

The water is therefore treated with lime to raise the pH to about 7.6. Some difficulties experienced with the lime dosing plant were much reduced when the supplier of the powdered lime was changed.

The earlier complaints regarding scum produced when soap is used for washing continued. However, this is inherent in the treatment and the nature of the raw water and cannot be economically avoided. The hardness of the final water is maintained at between 50 and 55 p.p.m. and the water is therefore on the border line between the classifications "Very soft" and "Soft".

New Works.

The year saw the completion of the major capital works of the Usk Scheme. In July the Clase service reservoir was completed and brought into service. Also in July a start was made on laying a new 18" and 12" outlet main from this reservoir to a point at Cwm Level Road where it will connect with the existing mains from Morriston Reservoir to Cwmdonkin reservoir and to the Manselton, Waun Wen and Rosehill districts. When completed, these areas will be supplied direct from Clase and Morriston Reservoir confined to the Morriston, Hafod and St. Thomas districts.

No other major capital works were undertaken and planning for future work was severely restricted by shortage of Technical staff. This has also prevented the proper supervision and planning of maintenance work, maintenance of statutory records etc., and will be more seriously felt two or three years hence.

For the moment work continues on those projects which have been fully documented in the recent years. When this "backlog" of work is completed no new work will have been prepared and there may well be serious delays in providing water to new estates, or in maintaining existing services if the position does not improve in the near future.

This is particularly the case with regard to supplies on the east side of the Borough where water supplies are already stretched to the limit of the capacity of the existing mains, and pressure failures occur from time to time at the highest levels.

During 1956 a total of 10,558 yards of new mains ranging from 3" to 18" diameter were laid and at the end of the year the total length of main in use was 375 miles 244 yards ranging from 3" to 36" in diameter.

DETAILS OF RESERVOIRS - 1956.

IMPOUNDING RESERVOIRS.

	<u>Catchment</u> <u>Area.</u> <u>Acres, To</u> <u>Compensation</u> <u>Gauge.</u>	<u>Topwater</u> <u>Level</u> <u>Ft.A.O.D.</u> <u>(Liverpool)</u>	<u>Long Period</u> <u>Average</u> <u>Rainfall</u> <u>Ins. January.</u>	<u>Rainfall</u> <u>1956 Ins.</u>	<u>Capacity</u> <u>Reservoir</u> <u>In Million</u> <u>Gallons.</u>
<u>CRAY.</u>					
No. 2 Gauge	2,680	1,001.00	84.65	73.71	1,007
<u>UPPER LLIW</u>	1,014	614.52	62.96	52.01	291
<u>LOWER LLIW</u>	727	399.77	54.59	48.97	103
<u>USK</u>					
No. 5 Gauge	4,200	1,005.00	71.35	53.24	2,699
TOTAL:	8,621				4,100

SERVICE RESERVOIRS.

<u>Reservoir.</u>	<u>Capacity.</u> <u>(Gallons)</u>	<u>Top Water Level</u> <u>Ft. A.O.D. (Newlyn)</u>
CLASE	5,000,000	545.5
CLASE TOWER	150,000	600.6
CLYNE	750,000	417.0
COCKETT	2,500,000	581.0
CWMDONKIN	1,500,000	240.0
MORRISTON	4,500,000	341.0
NEWTON	500,000	292.0
PENLAN	250,000	552.5
PENLAN TOWER	150,000	601.5
TIR JOHN	750,000	332.5
TOWNHILL	3,000,000	579.0
TOWNHILL TOWER	78,000	623.0
ST. THOMAS	536,000	199.5

Bacteriological Samples of Water.

During the year, 226 samples of water were taken and the following table indicates that 211 were very satisfactory and that 15 samples were unsatisfactory or below standard.

		<u>No. taken.</u>	<u>Satis- factory.</u>	<u>Unsatis- factory.</u>
(a) Public Supplies	...	214	204	10
(b) Springs	...	12	7	5
		226	211	15

Eight of the unsatisfactory samples from the public supplies were taken at Nantyrhwydd, Abercrave, which was untreated water from the Cray Reservoir. Corresponding samples were taken at the same time after treatment by the Water Department and the resultant tests proved satisfactory. The other two unsatisfactory Bacteriological samples from the public supplies were reported to the Water Department and repeat tests proved satisfactory. The unsatisfactory supplies from springs were dealt with by the Department in advising users of all necessary precautions.

Of the 214 samples taken from public supplies, the following is a list of individual sources of supply.

Usk Reservoir Supply	...	...	1
Bryngwyn Filter Plant, Inlet Supply (unchlorinated)			18
" " " Outlet "		...	17
Cockett Supply	...	...	7
Townhill "	...	...	15
Penlan "	...	...	18
Clase "	...	...	16
Clyne "	...	...	12
Newton "	...	...	13
Cwmdonkin "	...	...	15
Nantyrhwydd Basin Supply	...	...	9
Nantyrhwydd Tunnel (unchlorinated)		...	9
Cray Direct Borough Supply		...	22
Tir John Supply	...	...	11
St. Thomas Supply	...	...	12
Morryston Mixed Supply	...	...	19
			<u>214</u>

Regular samples were taken at the various schools within the Borough and, in every case, were found to be satisfactory. Particular attention has been paid to the Usk Supplies by repeated tests at the Bryngwyn Filter Plant in co-operation with the Water Department staff.

Chemical Analysis of Water.

Samples were taken for analysis at the under-mentioned places:-

Usk Reservoir	...	...	3
Bryngwyn Inlet to Filter Plant		...	17
Bryngwyn Outlet from Filter Plant		...	18
Cockett Reservoir	...	...	1
Clase Reservoir	...	...	1
Cray Supply at Nantyrhwydd Tunnel		...	8
" " " Nantyrhwydd Basin		...	8
Cwmdonkin Reservoir Supply		...	3
Cray supply within Borough		...	3

The additional number of samples taken for chemical examination over the previous years was due to the commencement of the new reservoir at Usk and secondly the repeated complaints of suspended matter in the Cray Supply. In regard to the former, results showed that the samples were very satisfactory. In regard to the latter, the presence of this suspended matter proved to be extremely difficult to eradicate under the existing conditions prevailing at Nantyrhwydd, Abercrave.

Residual Chlorine Tests.

These tests were regularly carried out in conjunction with bacteriological samples and, in all cases, were highly satisfactory.

Miscellaneous Water Samples.

Various bacteriological samples were taken from the under-mentioned places as tabulated below, not included as drinking supplies:-

<u>Location.</u>		<u>Satis- factory.</u>	<u>Unsatis- factory.</u>
Swansea Municipal Baths	...	16	Nil
Bishop Gore Baths	...	15	Nil
Swansea University Baths	...	12	Nil
Morrison Baths	...	7	Nil
Boating Lake, Blackpill	...	5	2
Paddling Pool, "	...	4	4
Foreshore	...	Nil	6
Canal, Ynystawe	...	Nil	5
Streams	...	1	16

SEWERAGE AND DRAINAGE.

EXTENSIONS OF SEWERS & SURFACE WATER DRAINS FOR THE YEAR ENDING 31st DECEMBER, 1956.

	Size of Soil Sewer and Length of Yards.					Size of Surface Water Drain and Length in Yards.										Length (Miles)	
	4"	6"	9"	12"	15"	6"	9"	12"	15"	18"	21"	24"	27"	30"	33"		36"
On Corporation Housing Sites. (By Direct Labour).																	} 2.04
Blaen-Y-Maes Part I	-	8	13	-	-	-	-	-	4	-	-	-	-	-	-	-	
(By Contract)																	
Blaen-Y-Maes Part II Clase (Part II)	-	641	608	19	1	270	801	515	118	78	399	64	44	-	-	-	
Other Sewers																	} 0.79
Knogle Tce., Treboeth Sewer Ext.	-	139	64	-	-	-	-	-	-	-	-	-	-	-	-	-	
Rose Tce., Ynysforgan do.	-	57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Heol Tir Du Culvert	-	-	-	-	-	-	-	-	-	55	-	-	-	200	-	-	
Clyne Castle Conveniences	-	48	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Owls Lodge Lane Sewer Extension	165	-	233	297	-	-	-	-	-	-	-	-	-	-	-	-	
Bethel Road, Llansamlet	32	33	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Glynderwen Crescent Sewer Extension. Cwmgelli Culvert	43	-	9	16	-	-	-	-	-	-	-	-	-	-	-	-	

SANITARY INSPECTION.

DRAINAGE.

Inspections.

Visits re drainage	...	...	1,237
Water supply	...	...	91
Water courses	...	...	30
Sewers	...	...	61
Drains	...	...	673
Public Urinals	...	...	6
Cesspools	...	...	12

Work Done.

Drains tested - Water	...	...	42
" " - Smoke	...	...	17
" " - Chemicals	...	...	140
New drains constructed	...	...	128
Drains relaid	...	...	11
Drains repaired	...	...	41
Drains cleansed	...	...	73
Inspecting or intercepting chambers provided or repaired	...	...	47
Soil pipes or ventilating shafts fixed or repaired	...	...	12
Rain water pipes disconnected	...	...	1
Gullies fixed	...	...	64
Bath wastes trapped or repaired	...	...	2
Intercepting traps removed	...	...	1
New connections to sewers	...	...	11

Cesspools.

Abolished and house connected to sewer	...	...	11
Emptied	...	...	2
Other repairs	...	...	1

Water Closets.

Additional water closets provided	...	...	30
Water closets re-constructed	...	...	15
New pans and traps fixed	...	...	16
Water closets cleansed	...	...	24
Flushing apparatus provided	...	...	9
Flushing apparatus repaired	...	...	22
Miscellaneous repairs	...	...	11

Earth or Pail Closets.

Abolished	...	...	5
Cleansed or repaired	...	...	10

PUBLIC CLEANSING.

House and Trade Refuse.

The arrangements for the collection and disposal of house and trade refuse during the year under review are similar to preceding years. All refuse is disposed of by controlled tipping.

The quantity of house and trade refuse collected during the year was 67,507 tons.

The quantity of Street Sweepings during the year was 620 tons.

The controlled tips are at Clyne Valley, Port Tennant, Mynydd Newydd and Morriston Marsh.

Pail Closets.

There are still 1,843 houses within the Borough without water flushed closets; these have pail closets, which are emptied weekly. The work is carried out at night time by a crew of four men with one mechanical vehicle, which has attachments especially designed for this class of work. The contents are discharged direct into the sewers.

During the year 21 houses with Pail Closets were provided with sewerage facilities by the extensions of sewers listed herewith.

Cesspools.

In addition to the houses with pail closets there are a number drained to cesspools. During the year 139 houses were dealt with, the frequency emptying varying from one to fifty times, representing 988 single operations. Contents are discharged from the machine direct into the sewers.

During the year 25 houses drained to cesspools were provided with sewerage facilities by the extensions of sewers listed herewith.

Street Gullies.

Accumulation of grit and debris were removed from street gullies at intervals of between six and seven weeks. After emptying and cleaning, the gullies are re-sealed with clean water, the operation being carried out by mechanical vehicles designed for this service.

The number of street gully cleansing operations carried out during the year was 43,829.

TOWN PLANNING.

The Development Plan for the County Borough was submitted to the Minister in 1955 and its approval is still awaited.

Some progress has however been made in removing the major operations raised to the Plan during the Public Inquiry.

Pending approval, development control is being exercised on the general lines of the Development Plan as submitted.

Five planning appeals were heard during the year, three being dismissed by the Minister, one being allowed, and one decision still awaited.

One advertisement appeal was dismissed and two were withdrawn.

RECONSTRUCTION.

The national restrictions on Capital Expenditure adversely affected the progress of redevelopment, in the Central Area of the town. No new roadworks were undertaken, but there was an appreciable amount of building work carried over from 1955, as follows:-

Commercial Buildings.

- 6 Buildings comprising 15 shops completed
- 3 Buildings comprising 6 shops under construction
- 4 Warehouses completed
- 3 Warehouses under construction
- 1 Office block completed

Public Buildings.

Work continued on the re-building of St. Mary's Parish Church and the new Post Office Repeater Station at the Strand became operational.

A number of other building projects were in the preparatory stage.

Car Parks.

A scheme for a small permanent car park at Pell Street was submitted to the Welsh Office and approval for this scheme is awaited.

Central Area Housing Redevelopment.

Detailed schemes were in preparation for Dyfatty and Brynmelyn Districts whilst advance site preparations at Terrace Road are anticipated to commence early in 1957.

PUBLIC CONVENIENCES.

During the year 1956, the following conveniences were completed and opened to the public:-

- 1. Glais.
- 2. Clyne Castle Grounds.

Work on the new Convenience at Morriston Park and the extension to the Blackpill Convenience was commenced with a view to opening the buildings to the public early in the following year.

The remainder of the programme was postponed following the Government's ban on expenditure on capital works which included public conveniences. However, the Welsh Office of the Ministry of Health was requested to give urgent consideration to the approval of the schemes for conveniences at Caer Street and Rotherglade, but with no success.

The Health Committee adopted the Borough Engineer's proposal for improving the cleanliness of the conveniences by the establishment of a group of cleaners who go from convenience to convenience washing down the walls, ceiling, windows and generally giving the whole convenience a thorough cleaning. The daily roundsman continues as previously with the daily routine cleaning. This arrangement has been put into operation and has resulted in a greatly improved standard of cleanliness.

INDUSTRIAL DEVELOPMENT.

Trading Estate.

Following the decision of the Estates Management Committee to lease sites on which industries could build their own factories, two firms have acquired and have built new factories. These are:-

1. Messrs. Walls Ltd.
2. Messrs. Mills Scaffolding Ltd.

Two firms have also extended their premises:-

1. Messrs. Ayres Jones.
2. Messrs. C.K. Andrews.

Landore - Llansamlet Area.

Controlled tipping of house refuse on the site of the Landore Playing Fields near the disused Callands Pit took place during the year as part of the scheme for establishing the much needed Playing Fields for the Landore - Plasmarl area. Storage area for soil was also formed and much soil collected from excavations for road widenings and other works.

Messrs. Richard Thomas & Baldwins have acquired tipping rights on a further area of land on the Llansamlet Marsh and are proposing to tip thereon to levels in accordance with the scheme for reclaiming the area, during the coming year.

Refuse Tips.

During the year the area comprising the Morriston Brickworks Clay pits was acquired for use as a controlled refuse tip. Work on culverting streams and constructing access roads was commenced.

This area will provide controlled tipping space for 20-25 years for the northern portion of the town.

HOUSING.

House Building.

House building progress shows an increase over the previous year. Building schemes for 7,310 houses had been approved by the end of the year 1956, of which number 6,347 had been completed and the balance was under construction or not commenced.

The table over-leaf gives a summary of the building progress in the post-war period to the end of the year 1956.

POSITION RELATING TO APPROVED SCHEMES

(As at 28th December, 1956).

	H O U S E S.												Under Construc- tion	Approved but not yet commenced.	Total of Houses Approved to Dec. 1956
	Y E A R.														
	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	TOTAL			
Temporary Bungalows	510	377	104	-	-	-	-	-	-	-	-	991	-	-	991
Traditional Type Houses	84	104	178	218	217	137	218	440	311	300	179	2,386	439	66	2,891
Non-Traditional Type House.	-	252	529	233	224	130	160	154	313	335	475	2,805	339	119	3,263
War Damage Rebuilding	28	110	27	-	-	-	-	-	-	-	-	165	-	-	165
TOTALS	622	843	838	451	441	267	378	594	624	635	654	6,347	778	185	7,310

Housing (Sanitary Inspection).

Inspections.

No. of houses inspected and recorded	...	4,927
No. of re-inspections of recorded houses	...	5,250
Premises other than houses inspected for nuisances	.	201
Owners or contractors interviewed	...	1,040
Renewal of lease	...	7
Applications for Corporation houses	...	141
Improvement Grants (Housing & Repairs Act)	...	249
Visits re Local Land Charges Registry	...	22

Nuisances Abated.

Walls repaired	...	12
Outside plastering repaired	...	63
Inside " "	...	41
Floors renewed or repaired	...	34
Roofs renewed or repaired	...	114
Chutes, downpipes or gutters renewed or repaired	...	93
Chimneys repaired	...	16
Ceilings repaired	...	18
Doors and frames repaired	...	7
Lighting and ventilation of rooms improved	...	3
Window sashes or frames renewed or repaired	...	40
Window cords repaired	...	17
Staircases repaired	...	2
Grates or ovens repaired or renewed	...	16
Boilers provided or repaired	...	1
Walls or ceilings cleansed and re-decorated	...	1
Overcrowding abated	...	1
Yard paving relaid or repaired	...	4
Nuisances from animals abated	...	1
Accumulations removed	...	3
Water taps or pipes repaired	...	8
Miscellaneous repairs and nuisances	...	23

Notices.

Type.	Served.	Complied.
Intimation ...	761	379
Statutory ...	87	88
TOTAL ...	848	467

HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE

Return for the Year 1st January 1956 to the 31st December, 1956.

A. <u>HOUSES DEMOLISHED.</u>	Houses Demolished	DISPLACED DURING YEAR	
		Persons	Families
In Clearance Areas (Housing Act 1936, and Housing Repairs and Rents Act, 1954)			
1. Houses unfit for human habitation	-	-	-
2. Houses included by reason of bad arrangement etc.	-	-	-
3. Houses on land acquired under Section 27, Housing Act, 1936	-	-	-
Not in Clearance Areas.			
4. As a result of formal or informal procedure under S.11, H.A. 1936	7	56	16
B. UNFIT HOUSES CLOSED	Number		
5. Under Sec. 11 H.A. 1936 & Sec. 10 (1) and 11(2) L.G. (Misc. Prov.) Act, 1953	3	8	4
6. Under Sec. 3(1) and 3(2) H.A. 1949	-	-	-
7. Parts of buildings closed under Sec. 12, H.A. 1936	-	-	-
C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED			
		By Owner	By Local Authority.
8. After informal action by L.A.		379	-
9. After formal notice under (a) Public Health Acts (b) Housing Act, 1936		68	-
10. Under Section 5, Housing Repairs & Rents Act, 1954		8	-
D. UNFIT HOUSES IN TEMPORARY USE (Housing Repairs & Rents Act, 1954)			
Position at End of Year.	No. of houses	No. of Sep. dwellings contained in Col.1.	
	1.	2.	
11. Retained for temporary accommodation			
(A) Under Section 2	-	-	
(B) Under Section 3	-	-	
(C) Under Section 4	-	-	
12. Licenced for temporary occupation under Section 6			
E. PURCHASE OF HOUSES BY AGREEMENT			
	No. of houses	No. of Occupants of Houses in Col. 1.	
	1.	2.	
13. Houses in Clearance Areas other than those included in confirmed Clearance Orders or Compulsory Purchase Orders purchased in the year	-	-	

SLUM CLEARANCE.

No. of houses inspected and measured ... 538

Of the above number, 37 were inspected after 5.0p.m., 15 on Saturday afternoons and 3 on Sundays, owing to the fact that the occupants were at work.

The number of streets measured was 21.

FOOD AND DRUGS ACT, 1955.

Milk and Dairies Regulations, 1949.

Milk (Special Designation) (Pastuerised & Sterilised Milk) Regs. 1949.

Milk (Special Designation) (Raw Milk) Regulations, 1949.

The following tables show a comparison in relation to Registered Distributors and Dairies and Licenced Dealers under the above Regulations for the years 1952, 1953, 1954, 1955 and 1956.

	1952	1953	1954	1955	1956
1. No. of Dairymen	63	62	62	60	54
2. No. of Farmers	43	46	42	15	16
3. No. of Shopkeepers	110	112	112	107	115
	216	220	216	182	185

The number of distributors in the Borough remains fairly constant, since this area was designated by the Minister as a "Specified Area". Only designated milk is retailed in the Borough and all dairymen are now licenced dealers for the sale of milk.

Registered Dairies.

There are 54 registered dairies in the Borough and 115 milk shops. Farm-dairies are still controlled by the Ministry of Agriculture and Fisheries.

1953	1954	1955	1956
------	------	------	------

Visits.

1. No. of visits made to dairies and milk shops and interviews with dairymen.	841	738	699	653
2. No. of informal notices and verbal intimation given.	33	21	33	27
3. No. complied with	27	29	32	27
4. No. in course of complying	6	2	1	-

Processing Establishments.

	1953	1954	1955	1956
1. No. of Licenced Pasteurising Establishments	12	13	12	12
2. No. of Licenced Sterilising Establishments	2	2	2	2

During the year, three pasteurising plants and one sterilising plant closed down in this area. This was due to staff difficulties at some of the smaller dairies, and to the expansion of the larger businesses.

Licences for processing establishments are issued annually and regular visits made for the inspection of premises and plant.

Samples of all designated milks are regularly taken and a comparison over the past three years is appended.

Comparison of milk samples for the years 1954, 1955, and 1956.

	1954.	1955.	1956.
No. of Pasteurised Milk Samples ...	340	242	258
No. of T.T. (Past.) " " ...	278	208	194
No. of Tuberculin Tested Milk Samples .	122	52	51
No. of T.T. (Farm Bottled) " " ...	37	17	10
No. of Sterilised Milk Samples	78	70	83
	855	589	596

Results of Tests of Formal Samples of Designated Milks.

	No. of Samples taken.			Satisfactory.			Unsatisfactory.		
	M.B.	Phos.	Turb.	M.B.	Phos.	Turb.	M.B.	Phos.	Turb.
Pasteurised ...	258	258	-	250	252	-	8	6	-
Sterilised ...	-	-	83	-	-	83	-	-	-
T.T. (Pasteurised)	194	194	-	194	190	-	-	4	-
Tub. Tested ...	51	-	-	-	50	-	1	-	-
T.T. (Farm bottled)	10	-	-	-	10	-	-	-	-
	513	452	83	504	442	83	9	10	-

The Regulations provide for the following tests to be carried out on all Designated Milks:-

Pasteurised Milk	-	Phosphatase & Methylene Blue Tests
T.T. (Pasteurised)	-	" " " " "
Tuberculin Tested	-	Methylene Blue.
Sterilised Milk	-	Turbidity Test.

Observations.

It will be noted from the above tables that the percentage of unsatisfactory samples is very low in relation to the number of samples taken. Samples of milk taken from supplies of school milk totalled 39 and of these all proved very satisfactory.

Conclusion.

In addition to the samples already mentioned, samples are taken to test for the presence of tuberculosis.

There were 35 samples taken and all proved negative upon test.

Inspections.

Dairies and milkshops	...	...	125
Milk purveyors	...	...	417
Ice-cream premises and barrows	...	...	231
Restaurants and food preparing places	...	...	158
Butchers	...	...	162
Wholesale meat shops and stores	...	...	48
Butchers' food preparing premises	...	...	88
Other registered food premises	...	...	72
Fishmongers, wholesale and retail	...	...	53
Butter or margarine factories	...	...	8
Wholesale margarine dealers	...	...	21
Markets	...	...	162
Food stalls	...	...	583
Hospitals and institutions re food	...	...	21
Provision shops and stores	...	...	578
Greengrocers and fishmongers	...	...	138
Food vehicles	...	...	149
Railway stations re food	...	...	21
Fried fish shops	...	...	43
Slaughterhouses	...	...	37
Knackers' yards	...	...	3
Offensive trades	...	...	25
Fish markets	...	...	7
Visits re milk sampling	...	...	36
" " Private Slaughterhouses	...	...	327
" " school kitchens and canteens	...	...	80
Visits and re-visits re complaints of food	...	...	75
Visits re dining centres	...	...	13

Work done - Ice-cream Premises.

Applications refused	...	...	2
Washing-up sink provided	...	...	5
Premises improved	...	...	11
Accumulations removed	...	...	1
Other repairs	...	...	2

Work done - Food Shops, Kitchens etc.

Applications refused	...	...	1
Inside drain inlets abolished	...	...	1
Accumulations removed	...	...	9
Cleanliness improved	...	...	20
Storage arrangements improved	...	...	9
Lighting or ventilation improved	...	...	2
Ashbins provided	...	...	18
Washing-up sinks fixed	...	...	12
Water supply provided	...	...	6
Other repairs	...	...	23
Old premises demolished or converted	...	...	4
New premises constructed	...	...	11
Impervious floors and yards laid	...	...	3
Floors and yards repaired	...	...	11
Walls repaired	...	...	16
Boilers and chimney stacks repaired and improved	...	...	1
Roofs, chutes and downpipes repaired	...	...	2
Drains cleansed	...	...	5
Drains repaired or relaid	...	...	5
New drains laid	...	...	2
New gully traps fixed	...	...	2
Water closet accommodation provided or improved	...	...	1
Washing facilities provided and improved	...	...	10
Other sources of contamination removed	...	...	7

Work done - Food Vehicles.

Warnings regarding general cleanliness of vehicle, person or coverings	8
---	-----	-----	---

Fried Fish Shops.

New ranges fitted	...	...	3
Washing-up sink provided	...	...	4
Lighting and ventilation improved	...	...	1
Cleansing carried out	...	...	5
Ashbins provided	...	...	1
Accumulations removed	...	...	1
Other repairs	...	...	6

Work done - Offensive Trades.

Cleanliness improved	1
----------------------	-----	-----	---

Food and Drug Act, 1955 - Samples taken.

Milk	...	...	401
Solids	...	...	175
Beer Spillage	...	...	5
Flour	...	...	5
Cockles - Taken	...	...	4
- Unsatisfactory	...	...	4
Beer - Taken	...	...	23
- Satisfactory	...	...	17
- Unsatisfactory	...	...	6
Bacteriological food samples - Taken	...	...	17
- Satisfactory	...	...	19
Ice-cream - Unsatisfactory	...	...	2
- Satisfactory	...	...	18

Food and Drugs Results.

Taken	...	...	630
Satisfactory	...	...	539
Unsatisfactory	...	...	53

Phosphatase Test (Milk).

Satisfactory	...	...	440
Unsatisfactory	...	...	7

Methylene Blue Test

Satisfactory	452
Unsatisfactory	8

Turbidity Test.

Satisfactory	68
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T.B. Samples.

Negative	30
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ANNUAL REPORT OF THE PUBLIC ANALYST.
(Stanley Dixon, M.Sc., F.R.I.C)

for the year

1956

The work carried out for the County Borough of Swansea during the year 1956 is summarised in the following table, which shows the total number of samples examined and reported upon and the headings under which they were classified:-

Under the Food and Drugs Act	587
For the Public Health Department	171
For the Weights and Measures Department -	
Under the Fertilisers and Feeding	
Stuffs Act	27
For the Borough Engineer's Department	1
For the Waterworks Department	11
For the Port Health Authority	4
Total	<u>801</u>

Food and Drugs Act, 1955.

The Food and Drugs Act, 1955, which received the Royal Assent on the 22nd November, 1955, came into operation on the 1st January, 1956, when the Food and Drugs Act, 1938, and the amending Acts of 1950 and 1954, which it replaces, were repealed.

The main objects of the new provisions made operative by this Act may be summarised as follows :-

- (1) To provide further safeguards against the sale of food containing injurious or other undesirable ingredients, particularly those with cumulative effects, and against harmful technological processes.
- (2) To place the law regulating the composition, labelling and advertising of food on a permanent basis under the Food and Drugs Act instead of under Defence Regulations, and to extend the powers to make such regulations.
- (3) To provide fuller powers to secure that food is not contaminated in course of preparation, storage, distribution and sale.
- (4) To protect the general interests of consumers, employers and employees by setting up a Food Hygiene Advisory Council, and by giving government departments power to prosecute for offences.

The Food Hygiene Advisory Council will form part of the permanent administration of the Food and Drugs Act and the Ministers of Food and Health may refer to this Council for its consideration and advice any questions relating to food which come under the Food and Drugs Act. In particular proposed regulations with regard to the labelling, marking and advertising of food, or to food hygiene, and new codes of practice will be submitted in draft for the consideration of the Council.

Other important changes effected by the new Act are as follows:-

Certain defences available where food and drugs are not of the nature, substance or quality demanded have been abolished; the maximum penalties for offences have been increased and there is now no distinction in penalties between first and subsequent offences. The definition of 'food' has been extended to include chewing gum, and provisions have been introduced with the object of preventing misuse of the description 'cream' in relation to cream substitutes. An article made entirely from ingredients which occur in genuine cream, hitherto termed 'artificial' cream is now given the more accurate and less misleading name 'reconstituted cream', while 'imitation cream' is defined as a substance made by emulsifying edible oil or fat with water, with or without other ingredients not specifically forbidden by

regulation. It is clear that the new provisions prohibit the sale, for example, as 'cream buns' of confectionery with a filling which looks like, but is not, genuine cream.

There are important changes in the procedure for sampling, and "analysis" now includes micro-biological assays. The increasing complexity of the analytical work now involved is recognised by the extension of the time permitted between sampling and the beginning of a prosecution from 28 days to two months (except in the case of milk), which period may, in special circumstances, be extended on a magistrate's order. In the past it has been necessary to obtain the consent of the Ministry of Food before proceedings could be taken for a false or misleading label relating to food, but the new Act only requires that not less than fourteen days' notice of the intention to institute such proceedings, together with a summary of the facts, shall be given to the Minister, who will give a certificate that such requirements have been complied with.

Statutory Instruments.

On the 1st January, 1956, the Regulations mentioned below, which are consequential upon the introduction of the 1955 Act, also came into operation. Briefly, they provide as follows :-

The Food Standards (Butter and Margarine) Regulations, 1955 prescribe standards for butter and margarine similar to those previously contained in the 1938 Act. They fix a maximum water content of 16 per cent. for both butter and margarine and require that the fat content of margarine shall not contain more than 10 per cent. of fat derived from milk.

The Labelling of Food (Amendment) Regulations, 1955 lay down requirements as to the labelling, marking and advertising of margarine and margarine cheese. These include a provision prohibiting the use in any label or advertisement relating to margarine or margarine cheese of names and pictorial devices referring to, or suggestive of, butter or anything connected with the dairy interest, and requiring that any claims on labels or in advertisements that margarine is made with or contains cream or milk must be accompanied by a declaration, in the prescribed manner, of the butter equivalence of the milk-fat so introduced.

The Mineral Oil in Food (Amendment) Regulations 1955. Since chewing compounds are now deemed to be food, and as mineral oil in the form of so-called "microcrystalline wax" (which is essentially paraffin-wax) is commonly used as an ingredient in such articles to increase plasticity and avoid tackiness, the Mineral Oil in Food Order was further amended by these regulations in order to permit the presence in chewing compounds of not more than 12.5 per cent. of micro-crystalline wax. As a safeguard against possible risk to health from the process of chewing, a specification of purity for the wax is incorporated in the amending regulations.

The Food Hygiene Regulations, 1955 modify and very considerably extend the food hygiene provisions of the repealed Food and Drugs Act, 1938.

In a circular letter to Local Authorities and County Councils, the Ministry of Health has stressed that statutory regulations by themselves can never achieve the reduction in food-borne disease that everyone hopes to see, and that the application of the Food Hygiene Regulations will need continual supplementing with publicity and education in order that food handlers and the public may always have before them the importance of good food hygiene practices.

During the year, the prime responsibility for enforcing compositional requirements for flour, and for designated milk of the Channel Islands and South Devon Breeds was transferred from the Ministry of Agriculture, Fisheries and Food to Food and Drugs Authorities. These changes were effected by regulations made by the Minister of Agriculture, Fisheries and Food and the Minister of Health acting jointly, under powers conferred on them by the Food and Drugs Act, 1955, which provides as follows :-

The Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, which came into operation on the 1st July, 1956, require that all milk for human consumption sold as Channel Islands, Jersey, Guernsey, or South Devon milk shall contain not less than 4.0 per cent. by weight of milk fat.

The Flour (Composition) Regulations, 1956, came into force on the 30th September, 1956, and their general purport is:-

- (1) to make compulsory the additions to all flour other than flour containing the whole of the products derived from the milling of wheat, of not less than 235 milligrams and not more than 390 milligrams of calcium carbonate in the form of *Creta Praeparata* per 100 grams of flour, and
- (2) to require all flour to contain the under-mentioned nutrients in not less than the following amounts:-

Iron	...	...	1.65 milligrams per 100 grams of flour
Vitamin B ₁	...	...	0.24 milligrams per 100 grams of flour
Nicotinic Acid or Nicotinamide	...	...	1.60 milligrams per 100 grams of flour

Should it be necessary to add nutrients to the flour in order to meet these requirements, as invariably will be the case when the flour is of less than 80 per cent. extraction, the additions must be in a form authorised by the Regulations and they must conform to the standards of the British Pharmacopoeia or the British Pharmaceutical Codex.

These are essentially the requirements of the Flour Order, 1953, which was enforced and administered by the Ministry of Food and has now been revoked, the only differences being that whereas the 1953 Order prescribed addition of *Creta Praeparata* at the fixed rate of 14 ozs. per 280 lbs of flour (or 312 milligrams per 100 grams of flour), the 1956 Regulations allow a range for this ingredient equivalent to 14 ozs. \pm 25% per sack of 280 lbs., and that the use of Nicotinamide is now permitted as an alternative to Nicotinic Acid.

SAMPLES TAKEN UNDER THE FOOD AND DRUGS ACT, 1955.

The total number of samples of food and drugs examined during the year for the County Borough of Swansea was 587. The fact that a sample is obtained under the provisions of the Food and Drugs Act does not prevent action being taken by appropriate Authorities under other legal enactments, and therefore, when the samples were examined and reported upon, regard was given to all relevant legislation.

The nature of the various articles submitted, the number of each kind and the numbers that were adulterated or otherwise unsatisfactory are shown in the following table.

Samples submitted under the Food and Drugs Act, during 1956.

Nature of Sample.	Number examined	Number unsatisfactory
Almonds, Ground	1	-
Beans, Canned baked	1	-
Beer, Canned	1	-
Beetroot, Pickled	1	-
Biscuits	2	-
Biscuit confectionery	2	1
Bread	1	-
Brine pickling liquor	1	1
Broad beans, Canned	1	-
Butter	12	-
Cake	3	-
Cake mixture, Sweetened	2	-
Cheese spread with ham	2	-
Cherries, Glace	2	2
Cochineal extract	1	-
Coffee dry extract	1	-
Coffee and chicory dry extract	1	-
Coffee and chicory dry extract, Compound	1	-
Coffee and chicory essence, Sweetened	2	-
Cooking fat	2	-
Cream, Sterilised	1	-
Curry powder	1	-
Dates	1	-
Dessert powder	3	-
Drugs and Medical Preparations -		
Acid Absorbent Tablets	1	-
Antacid Powder	1	-
Aspirin, Phenacetin and Caffeine Tablets	1	-
Bicarbonate of soda	1	-
Blackcurrant Juice Syrup	1	-
Caffeine-Iodide Elixir	1	-
Castor Oil	1	-
Codeine Tablets, Compound	1	-
Dyspepsia Mixture	1	-
Glucose Tablets	1	-
Glycerine of Thymol, Compound	1	-
Iodised Sarsaparilla and Blood Mixture	1	-
Iodised Throat Lozenges	3	1
Liquid Paraffin	1	-
Magnesium Carbonate	1	-
Raspberry Leaf Tablets	1	-
Syrup of Figs, Compound	1	-
Tonic Brilliantine	1	-
Vitamins A & D Oil	1	-
Fish Paste	2	-
Flour	7	-
Foie-Gras paste	1	-
Food beverage preparations	1	-
Fruit salad, Canned	1	-
Fruit syrup (for Milk shakes)	1	-
Herbs, Mixed	1	-
Herring fillets, Bottled	1	-
Ice-cream	18	1
Jam	1	-
Junket crystals, Sweetened	1	-
Lemonade powder	1	-
Margarine	6	-
Marzipan	3	2
Meat Products -		
Beaf steak with gravy, Canned	1	-
Ham and tongue, Minced	1	-
Luncheon Meat	2	-
Meat Pasties	1	-
Meat pies	2	-
Meat pie, Canned	2	-

Nature of sample	Number examined	Number unsatisfactory
Meat Products -		
Pork, Minced	1	-
Pork pie	1	-
Sausages, Beef	2	-
Sausages, Pork	2	-
Meringue powder	1	-
Milk	384	37
Milk, Channel Islands	13	1
Milk, Appeal-to-cow sample	8	-
Mincemeat	4	-
Pastry mixture, Puff	1	-
Peaches, Dried	1	-
Peas, Dried	1	-
Pepper,	3	-
Pie filling ingredients	1	-
Pineapple cubes, Canned	1	-
Pineapple juice drink	1	-
Salmon, Canned	1	-
Salmon spread	1	-
Salt, Table	2	-
Sauce	3	-
Soft drinks	2	-
Soft drink, Sparkling	1	-
Soup preparations	2	-
Soya flour	1	-
Spread (Invert sugar and honey)	1	-
Suet, shredded	1	-
Sweets	13	1
Table jelly tablets	2	-
Tea	1	-
Tomatoes, Canned peeled	3	-
Tomato cocktail, Canned	1	-
Tomato juice, Canned	3	1
Vegetables, Canned mixed	1	-
Vinegar, Malt	2	-
TOTAL :	587	48

The total number of samples reported upon adversely was 48, or 8.1 per cent. of the samples examined, and in the table below these figures are compared with those for the preceding five years. It is noted with some satisfaction that there has been an almost continuous fall in the proportion of samples found to be unsatisfactory and that the "adulteration rate" for 1956 is less than half for the years 1951 and 1952.

Percentage of Unsatisfactory Samples, 1951-1956.			
Year	Number of samples examined	Number adulterated or otherwise irregular	Percentage adulterated or irregular.
1951	512	86	16.8
1952	555	93	16.7
1953	555	68	12.2
1954	524	60	11.4
1955	553	64	11.5
1956	587	48	8.1

Milk.

The total number of milk samples submitted under the Food and Drugs Act during the year was 405. Of these 397 were taken in the ordinary way by the Sampling Officers from roundsmen, at wholesale dairies and at public institutions, while eight were appeal-to-cow samples.

In every case where the results of chemical analysis suggested the possibility of the presence of added water, the Hortvet freezing-point test was applied. Eighty-three samples that contained less non-fatty solids than the legal presumptive minimum of 8.5 per cent. had normal freezing-points, thus indicating that these milks had not be adulterated by the addition of water, but that they were naturally poor in non-fatty solids. Accordingly they were reported upon as being "genuine though low in non-fatty solids". This number represents no less than 21.6 per cent. milk of the ordinary samples of milk (i.e. all milk samples except Channel Islands milk and appeal-to-cow samples), and, as usual, the majority of these samples were obtained during the winter months, 58 - or nearly three-quarters of them - being found during the first quarter of the year. The lowest non-fatty solids content in all these samples was 7.70 per cent., the next lowest being 7.96 and 7.98 per cent.

The freezing-point test confirmed the presence of added water in 17 samples of milk and legal proceedings were taken against three producers in respect of six of these samples. In each of these cases appeal-to-cow samples were taken and the results of analysis showed that ^{at} each farm the cows were producing milk of normal composition and having normal freezing-points. The extent of the adulteration in the formal samples taken from three sources and the results of the prosecutions are given in the following table:-

Milk Prosecutions, 1956.				
No. of Sample	Results of Analysis			Results of Proceedings.
J.484	Contained 7 per cent. of added water)			Fine.
J.486				£20
J.499	" 11 per cent. of added water)			Costs.
J.500				£12. 0. 6d.
J.221	" 8 per cent. of added water)			£20
J.222				£10.15. 4d.
	" 18 " " " " " ")			£10
				£7.17. 6d.

Of the other 11 samples that contained added water, four were informal samples which led up to two of the three cases in which legal proceedings were taken, and the vendors of the remainder were cautioned by the Town Clerk. In one instance where supplies of pasteurised milk to a hospital were concerned, investigations led to the conclusion that the small amounts of extraneous water found in two samples gained entry at the dairy where the milk was pasteurised. It seems to be a general practice at dairies where milk is pasteurised, to put into the pasteuriser, when the day's run is finishing, a quantity of water equal to the capacity of the plant in order to expel the last of the milk from the plant. Some of the water is bound to mix with the milk and unless care is taken this mixture of milk and water will go forward to the bottling plant or into the storage tank as the case may be. It is obvious that processors must exercise great care at this stage.

Twenty, or 5.2 per cent. of the 384 samples of ordinary milk contained less than 3.0 per cent. of fat, which is the presumptive minimum limit for fat content fixed by the Sale of Milk Regulations. This proportion is less than usual; in 1955 it was 10.5 per cent. while for the two years 1943 - 1955 it was 7.5 per cent. Most of these samples were taken from supplies of raw milk delivered to dairies in Swansea and were described on the labels attached to the churns as morning milk. In many cases they were accompanied by samples of afternoon milk from the same cows and invariably these were relatively rich in fat so that the fat content of the whole consignment averaged more than 3 per cent.

When there is a considerably longer interval between the afternoon milking and the next morning milking than there is between the morning and afternoon milkings of the same cows, it is generally found that the afternoon milk is rich in fat (and small in quantity) while the morning milk is low in fat content (and large in quantity). This is the most common cause of the fat content of genuine milk falling below 3.0 per cent. and it is particularly liable to occur in the Spring when the fat content of milk is, on the average, at its lowest during the year.

One sample of pasteurised milk was reported as unsatisfactory because it had an objectionable taste. The milk was of normal composition except for its high acidity, which was equivalent to 0.23 per cent. of lactic acid, and this may have been a normal consequence of staling. It was examined for the presence of hypochlorites (and other oxidising agents) with negative results.

Appeal-to-cow Samples - These are samples of milk taken by a Sampling Officer after he has very carefully supervised the milking of the cows. They are obtained for comparison purposes when a previous sample from the same source has been found to be unsatisfactory and they show the composition and properties of the unadulterated milk given by the cows. During the year under review eight such samples were submitted for analysis. They were obtained in connection with the six samples that were the subject of legal proceedings and they showed that at all three farms the cows were producing milk of normal quality with normal freezing-points, the latter ranging from $-0.534^{\circ}\text{C}.$ to $-0.546^{\circ}\text{C}.$

Channel Islands Milk and South Devon Milk. - From the 1st July, 1956, Food and Drugs Authorities became responsible for enforcing the compositional requirements for Channel Islands Milk and South Devon Milk instead of the Ministry of Food as hitherto. As already indicated, milk for human consumption sold under these special designations, or under the designations Jersey Milk and Guernsey Milk, must be the produce of cows of the breed indicated by the name and must contain not less than 4.0 per cent. of milk-fat.

During the year, 13 samples of Channel Islands Milk were examined. One sample contained only 3.92 per cent. of fat and was therefore slightly sub-standard, but this was one of four samples from one producer, and when the milk in this consignment was bulked for pasteurisation it would have contained 4.67 per cent. of fat. Another sample of Channel Islands Milk that contained 4.82 per cent. of fat, contained only 8.41 per cent. of non-fatty solids, and its freezing point (Hortvet) was $-0.517^{\circ}\text{C}.$ which indicated the presence of at least 2 per cent. of added water. A second sample from this source was genuine, containing 5.30 per cent. of fat and 8.96 per cent. of non-fatty solids.

Comparison of the average composition of the samples of Channel Islands Milk with that of the samples of 'ordinary' milk is made in the next table.

Average Composition of Milk Samples. - The average composition of all the milk samples submitted during the year is given in the table below. The average composition of the Channel Islands Milk and of the 'ordinary' milk samples (i.e. all samples other than Channel Islands Milk) is also shown.

Average Composition of Milk Samples, 1956.				
Variety	No. of Samples	Fat per cent.	Non-fatty solids per cent.	Total solids per cent.
Channel Islands Milk	13	4.67	8.88	13.55
Other milk samples	392	3.58	8.62	12.20
All milk samples	405	3.62	8.63	12.25

It will be observed that the average composition of Channel Islands milk is much superior to that of 'ordinary' milk and the results from this variety are in accordance with the general finding that milk that contains a high percentage of fat also contains a high percentage of non-fatty solids.

In the next table the average composition of the 'ordinary milk' samples for 1956 is compared with the figures for the previous thirteen years.

Average Composition of Ordinary Milk Samples. 1943 - 1956.				
Year	Number of Samples.	Fat per cent.	Non-fatty solids per cent.	Total solids per cent.
1943	321	3.62	8.68	12.30
1944	272	3.62	8.68	12.29
1945	386	3.61	8.71	12.32
1946	260	3.56	8.68	12.24
1947	217	3.59	8.63	12.22
1948	307	3.59	8.79	12.38
1949	255	3.53	8.76	12.29
1950	285	3.57	8.70	12.27
1951	299	3.47	8.64	12.11
1952	350	3.56	8.66	12.22
1953	403	3.61	8.57	12.28
1954	339	3.59	8.64	12.23
1955	372	3.58	8.67	12.25
1956	392	3.58	8.62	12.20

Although during this period the average total solids have varied over only a small range, it will be noted that they were lowest in 1951 and next lowest in 1956. The most significant feature of this table, however, is that since 1948 there has been a gradual decline in the average non-fatty solids content of the 'ordinary milk' samples. Attention has already been drawn to the extremely high proportion of samples that contained less than 8.5 per cent. of non-fatty solids but had normal freezing-points, thus indicating that they were naturally poor in this constituent. The proportion of such samples falling below the presumptive legal standard for solids-not-fat in the last seven years has been as follows:-

Year	1950	1951	1952	1953	1954	1955	1956
Percentage	9.4	13.5	18.2	11.4	19.7	20.8	21.6

These figures strongly indicate that in this area the proportion of milk that is naturally sub-standard as regards non-fatty solids is steadily increasing.

In 1951, A Working Party was appointed by the Government "to examine the present structure of producers' prices for milk and to advise whether it is desirable and practicable to make revisions which would promote an improvement in the composition and quality of milk sold off farms in the United Kingdom". Their report was published in 1955 when the Working Party came to the conclusion that -

"there has been some deterioration in the composition of milk in England and Wales over the past 30 years and that the decline in solids-not-fat has been more marked than that in fat. We consider, however, that there is also evidence to suggest that the decline has been arrested, at least in some areas. Nevertheless, milk of poor compositional quality is still being produced throughout the year by too many producers. In the early spring and occasionally at other seasons, substantial quantities of milk in many parts of England and Wales fall below the presumptive minimum standards. There is therefore no cause to be satisfied with the present level of milk quality in England and Wales and every reason for taking steps to improve it."

For arresting this decline, the Working Party recommended that :

- (a) Producers and distributors co-operate, with the assistance of Government Departments and Research Institutes, in an effort to improve the average butter-fat and solids-not-fat content of milk.
- (b) Such an improvement be an integral part of national dairy policy.
- (c) This work be undertaken by the Joint Committee for the Control of Milk Quality.

The report outlined a procedure to be adopted to deal with ex-farm milk at or near the presumptive minimum standards for butter-fat and/or solids-not-fat. The ultimate sanction suggested was the power to cancel the contract of producers who persistently sell such milk.

The Joint Committee for the Control of Milk Quality was established in 1948 with the object of co-ordinating the work of Milk Quality Control within the industry. The Committee consists of representatives of the Milk Marketing Board, the National Farmers' Union, the Buyers of Milk and the Ministry of Agriculture, Fisheries and Food, and it has supervised the scheme for improving the keeping quality of ex-farm milk supplies. The Minister of Agriculture, Fisheries and Food invited the Committee to formulate and operate a scheme for supervising the compositional quality of ex-farm milk on the lines suggested by the Working Party. The Committee accepted this invitation and its proposals, which are outlined below, were brought into operation on the 1st October, 1956.

Scheme of the Joint Milk Quality Control Committee for improving the Compositional Quality of Milk.

The scheme aims at selecting for special attention producers consigning milk of persistently low compositional quality. This follows the recommendation by the Working Party on Quality Milk Production that efforts to secure improvement should be concentrated, in the first place, on those herds that are producing milk of the lowest quality.

For the first twelve months, i.e. up to the 30th September, 1957, all producers of milk may be considered to be on trial. During this basic period the milk from each producer received at the buyer's premises will be tested for milk-fat and solids-not-fat content at least once in each calendar month. Although the quality of the supply will be judged on the annual average figures and not on the results of an individual sample, the producer will be notified by the buyer on each occasion when the milk-fat and/or the solids-not-fat content of any sample fall below the presumptive legal standards of 3.0 per cent. and 8.5 per cent respectively.

At the end of the basic period the simple average of the results for the twelve months for each producer will be calculated by the buyer, and all producers will then be classified as satisfactory or unsatisfactory. The unsatisfactory producers will be those who have supplied milk with an annual average milk-fat content of less than 3.3 per cent. or an annual average solids-not-fat content of less than 8.5 per cent., and they will be reported immediately to the Milk Marketing Board. It is estimated that between 15,000 and 20,000 producers will be classed as unsatisfactory, and the Milk Marketing Board will divide those reported to them into two categories :

Category 1 - This will consist of those producers supplying the worst milk and whose supplies persistently fail to reach the presumptive legal standards. These producers will receive a letter pointing out that their supplies have been very unsatisfactory and placing them on probation for the next year, and it will warn them that if the quality of the supply, as shown by the annual average of the monthly tests during this probationary year, does not improve, cancellation of their contracts for the sale of milk will be considered. These producers will be visited by representatives of the buyer and/or the Milk Marketing Board, who will, if necessary, recommend the producer to apply to the National Agricultural Advisory Service for further assistance.

Category 2 - This will comprise a far larger number of producers whose supplies are slightly better than those in the first category. These producers will receive a warning letter drawing their attention to the fact that their supplies have been of unsatisfactory compositional quality during the year and dangerously near to the level at which cancellation of contract will have to be considered. The letter will suggest that the producer should seek advice from the buyer's fieldsmen, the regional staff of the Milk Marketing Board or the National Agricultural Advisory Service.

The standards to be used in selecting these categories will be agreed between the Milk Marketing Board and the Joint Quality Control Committee.

This scheme is only a voluntary one and is confined to co-operating buyers, Testing will be carried out by those buyers of milk who have given an assurance that their methods of sampling and testing are in accordance with the standard procedures laid down by the British Standards Institution. Where buyers are unable to comply with these requirements, the Milk Marketing Board will arrange for samples to be tested at an approved laboratory.

Investigations have shown that the main factors involved in low compositional quality are poor breeding and unbalanced feeding of the cows, and two years are available in which the producer may obtain and act on expert advice. If breeding is responsible for the poor quality of the milk it may take more than two years to bring about improvement, and in such cases the only cure may be for the farmer to buy some cows of high milk-fat potential and to get rid of the cows that are producing milk of low fat content, i.e. cows averaging less than 3.3 per cent. of fat and whose milk is very unlikely to have a satisfactory solids-not-fat content. Poor feeding of the herd during the autumn may result in very unsatisfactory solids-not-fat levels during the winter and it is essential that the required quantities of properly balanced nutrients should be fed at all periods of the year.

The effectiveness of this scheme will depend very largely on the extent to which buyers participate in it. Obviously all producers ought to be covered by it. The policy is a long term one, but the results will be awaited with interest.

Articles other than Milk.

One hundred and eighty-two samples other than milk were submitted during the year. They covered a wide range of articles and particulars of the ten samples (=5.5 per cent.) that were reported upon adversely are tabulated below,

Unsatisfactory Samples of Articles other than Milk.	
Article	Nature of Adulteration or Irregularity
Biscuits, Filled wafer	Not in a merchantable condition, both the biscuits and the filling being mouldy.
Brine pickling liquor	Contained only 9.5% of salt, which amount is insufficient to inhibit growth of yeasts and other micro-organisms.
Cherries, Glace (2 samples)	The term "glucose" was used to describe the compound product known commercially as "liquid glucose" which consists mainly of dextrins.
Ice-cream	Deficient of 12% of the prescribed fat content.
Iodised throat tablets	Contained no iodine, either free or combined.
Marzipan (2 samples)	The term "glucose" was used to describe the compound product known commercially as "liquid glucose" which consists mainly of dextrins.
Sweets (Chewing gum)	The term "softeners" used on the label is a generic one and not a specific name as required by the Labelling of Food Order.
Tomato juice, Canned	Excessive contamination with both tin and copper. Tin = 330 parts per million on the whole sample; Copper = 110 parts per million on the dry solid matter. In addition to this contamination of the edible contents, the sides and ends of the tin were completely coated with loosely-adhering grey-black copper oxide.

These unsatisfactory articles call for little further comment. The stock of the mouldy wafer biscuits and of the metal-contaminated tomato juice were condemned and destroyed, while in the remaining cases warning letters were sent by the Town Clerk.

Cheese Products - In 1947, the Ministry of Food appointed a Food Standards Committee to review the composition of foods and to recommend, where it was considered advisable, standards based on quality and nutritional value. Upon representations being made to the Committee by cheese processors and others, consideration was given to processed cheese and cheese spread, and in 1949 this Committee issued a report in which the following standards of composition for these articles were recommended :-

	<u>Minimum butterfat content</u> <u>in the dry matter.</u>	<u>Maximum moisture</u> <u>content.</u>
Processed Cheese	48%	42%
Processed cheese of the Gruyere and Emmenthal varieties	45%	45%
Cheese Spread	45%	48%

Following the publication of this report, a number of representations were received which indicated a divergence of opinion within the trade, and the results of analysis of samples taken since 1949 have shown that the composition of many brands of these products, particularly those of continental origin, did not accord with these recommendations. Your Town Clerk has brought a number of such instances to the notice of the Ministry of Food and he was informed that they would be brought to the notice of the Foods Standards Committee. On the 29th November, 1956, the Ministry of Agriculture, Fisheries and Food issued a Second Report by the Food Standards Committee on Processed Cheese and Cheese Spread which takes full account of the representations made to the Ministry and of views that were expressed in subsequent consultations.

In this second report it is pointed out that the processed cheese and spread industry was a relatively new one in this country before the war, but it has developed and expanded considerably during recent years, and in 1955 domestic production amounted to 26,000 tons. As processed cheese is bought as an alternative form of cheese, it was the Committee's view that it should have a nutritive value comparable with that of unprocessed cheese. Since the further processing to which ordinary cheese is subjected offers opportunity for the inclusion of additional water and the use of cheese having a low fat content, the Committee considers that the consumer needs protection against the sale of inferior products.

The standards of composition now recommended are as follows:-

	<u>Minimum butterfat</u> <u>content</u>	<u>Maximum moisture</u> <u>content</u>
Processed Cheddar or Cheshire Cheese	48% in dry matter	42%
Processed cheese	45% in dry matter	45%
Cheese spread	20% in product as sold	60%

Other recommendations include: (1) that the name "processed cheese" shall be applied only to the product obtained by heat-treating cheese with or without the use of emulsifying salts. The fat content should be wholly butterfat derived from cheese and the only other ingredients should be the emulsifying salts and any water or colouring matter it is considered necessary to add during processing; (2) Cheese may contain, in addition to cheese, other dairy products such as butter and skimmed-milk, but it is considered that the consumer would not expect to find any fat other than butterfat present; (3) The processed cheese or cheese spread that forms the basis of flavoured products such as those containing small quantities of tomato or celery flavouring should conform to the appropriate standard, and in the case of mixtures where the additional ingredient is significant enough to justify inclusion in the description, e.g. 'Cheese and Ham Spread', the processed cheese or cheese spread constituent should conform to the appropriate standard; (4) The ingredients used in the manufacture of cheese spread should be declared on the label and in the case of flavoured products the flavouring ingredients should be included in this description.

Ice-cream - The results of analysis of the samples of ice-cream were again very satisfactory. In 1955 only one of twelve samples failed to comply with the standard, and the average composition was Fat 7.6%; Total solids 33.4%. During 1956, eighteen samples were examined of which only one was sub-standard (fat content 4.4% instead of at least 5%), and the average composition was Fat 8.45%; Total Solids 33.7%. These are the highest average figures for Swansea samples of this product since the manufacture of ice-cream was resumed after the war. All the samples complied with the requirements for milk solids-not-fat and sugar.

Meat-and-Pastry Products - During the year a few samples of meat-and-pastry products were submitted for examination. Two samples of different brands of meat pies in sealed tins contained approximately 35% and 45% of meat respectively, two samples of meat pies of local make contained 23% and 25% of meat, a small pork pie weighing 5 ozs. contained 32% of meat which was free from cereal filler, and meat pasties that averaged 3.2 ounces each in weight contained 19% of meat. For all these samples the meat content was calculated as "lean meat containing 15% of fat" - a procedure that the Ministry of Agriculture, Fisheries and Food has recommended to the Association of Public Analysts in order to obviate difficulties arising from transference of fat from the filling to the pastry during cooking.

There are no legal standards for these articles and the meat content of each of the samples was considered to be satisfactory. Investigations of this kind are useful as they provide information on current market conditions.

Sausages - There are now no statutory minimum standards of composition for sausages, but prior to 1st March, 1953, they were the subject of a Food Control Order which regulated their composition and price. The minimum meat content for beef sausages was 50 per cent. and for pork sausages 65 per cent., and since more meat is now available for manufacturing purposes it is generally considered that sausages ought not to contain less meat than during the period of control. None of the four samples of sausages that were submitted during the year fell below the war-time limits, their meat contents being as follows:-

	Total Meat Content per cent.	Fat Content per cent.	Fat Content as a percent- age of the total meat.
(1) Pork Sausages	65	23.1	35.5
(2) Pork Sausages	75	30.7	40.9
(3) Beef Sausages	63.5	22.2	35.0
(4) Beef Sausages	63.5	32.5	51.2

The Minister of Agriculture, Fisheries and Food has kept this matter of minimum standards for sausages constantly under review and recently he invited the Food Standards Committee of the Ministry to advise whether statutory standards or some other form of compositional control is now needed for sausages. The Food Standards Committee reported upon this matter in May, 1956, and the Ministry of Agriculture, Fisheries and Food, the Minister of Health and the Secretary of State for Scotland approved the report for publication. This report is a very carefully considered and interesting one, and the following paragraphs from the Introduction summarise the position at the time of the inquiry, which still exists at the present time.

"The composition of sausages was controlled under Defence Regulations throughout the war and until March, 1953. When meat products were de-controlled the then Minister of Food decided not to impose standards of composition in order to give the public an opportunity to buy, at competitive prices, a wide variety of sausages to satisfy local and personal preferences.

"Many food and drugs authorities have continued to use the minimum levels of meat content previously in force (65 per cent. for pork sausages and 50 per cent. for beef sausages) as the criteria for an acceptable sausage, and successful prosecutions have been made on this basis. But in other localities this may not have been done and recent High Court cases have cast doubt on the status of these limits. Thus manufacturers, particularly if distributing over a wide area, have been in doubt as to what level of meat content would prove legally acceptable. In practice many may have

"obliged to regard the provisions of the control Order as setting de facto limits to the kind of sausage they could produce. This is borne out by the evidence from samples analysed by public analysts that the bulk of sausages have a meat content just above the control Order levels. The suggestion made by the Minister of Food in 1954 that traders could safeguard themselves against the risk of prosecution by declaring the meat content of their sausages on a label or ticket has not been followed up by the trade.

"On the other hand, local enforcing authorities have felt some reluctance to institute proceedings on the meat content of sausages in view of the doubtful legal position. The prevailing uncertainty has been emphasised on more than one occasion by the Lord Chief Justice who has pointed out that, until Ministers lay down a statutory definition of what a sausage is, the question will continue to be disputed in the Courts."

After consulting some 36 organisations representing all branches of the sausage trade and local authority associations and related bodies concerned with the enforcement of food and drugs legislation in the United Kingdom, the Committee concluded that statutory control is needed, and having regard to the experiences mentioned above it recommended that regulations should be made laying down standards for sausages. The standards proposed are :-

- (a) For sausages made wholly or mainly with pork - a minimum meat content of 65 per cent.
- (b) For all other meat sausages - a minimum meat content of 50 per cent.
- (c) The proportion of fat in the meat used shall not exceed 50 per cent of the total meat content.

The Report also recommends that the types of meat used should be limited to pork, beef, veal, mutton, lamb, bacon, ham, poultry, game, rabbit, hare, venison and edible offals. A majority of the Committee recommended that with "pork sausage" and "beef sausage" at least four-fifths of the total meat content should be pork or beef as the case may be, but a minority considered that these descriptions should be permitted only where the meat content consists wholly of the named meat.

It is of interest to note that all the samples examined satisfied these proposals as regards total meat content and only one sample contained fat in excess of the proportion recommended and in this instance it was only a slight excess.

Emulsifying and Stabilising Agents - In October 1956, the Ministry of Agriculture, Fisheries and Food, the Minister of Health and the Secretary of State for Scotland approved for publication a comprehensive Report by the Preservatives Sub-Committee of the Food Standards Committee (under the Chairmanship of Sir Charles Dodds, M.V.O., M.D., D.Sc., F.R.S.) on Emulsifying and Stabilising Agents. These are substances capable of facilitating the uniform dispersion of oils and fats in aqueous medium (or vice versa), and by stabilising such emulsions. The substances brought to the attention of the Sub-Committee as in use, or capable of being used, for these purposes covered a wide range from common substances such as starches and gums to highly complex synthetic chemicals such as the polyoxyethylene compounds.

The general view of the Sub-Committee was that "it is not in the public interest for chemical substances to be added to food unless there is adequate evidence that their use in food will not affect adversely the health of the consumer and a strong case can be made out that their use in food would have advantages, economically, technically or otherwise, likely to benefit the consumer." They considered that the addition of these agents to food should be subject to statutory control and recommend that this be exercised by prescribing a list of permitted substances. They name some 20 substances, chiefly natural constituents of certain foods (e.g. agar, alginates, pectin, lecithin, albumen and gelatin) and others that are common ingredients apart from their possible use as emulsifying or stabilising agents (e.g. hydrolysed protein and modified starch), as not requiring legislation, and they recommend that for the present official approval should be restricted to the following substances:-

super-glycerinated fats
synthetic lecithin
propyleneglycol alginate
propyleneglycol stearate
methyl cellulose
methyl ethyl cellulose
sodium carboxymethyl cellulose
stearyl tartrate
diacetyl tartaric acid esters of super-glycerinated fats
monostearin sodium sulphacetate
sorbitan esters of fatty acids

They also recommend that specifications of compositions and purity should be prescribed for each of the permitted substances.

Before deciding what action should be taken on the Sub-Committee's recommendations, the Ministers concerned will consider any representations made by interested parties.

ATMOSPHERIC POLLUTION.

"Air pollution ... needs to be combated with the same conviction and energy as were applied one hundred years ago in securing pure water."

"The economic loss borne by the nation year after year as the result of air pollution is very great, recent estimates of £100 - £150 million per annum may not be far from the mark."

- Report of the Beaver Committee on Air Pollution, 1954.

During the last ten years, and particularly since the severe and protracted "smog" in London in December, 1952, there has been a widespread increase in the recognition of clean air for national well-being, and this has resulted in an unprecedented growth in the scheme - known as "The Investigation" of Atmospheric Pollution" - whereby Local Authorities and other organisations co-operate with the Fuel Research Station of the Department of Scientific and Industrial Research by making measurements of atmospheric pollution.

A short account of the development and functions of this organisation was given in the report of your Analyst for the year 1954 (vide Annual Report of the Medical Officer of Health for Swansea for the year 1954, pp. 101 and 102).

One of the functions of the Fuel Research Station is "to carry out the supervision, co-ordination and collation of the local records of atmospheric pollution and to advise on research into the amount, nature and prevention of the pollution." Though the object of the Investigation of Atmospheric Pollution is to obtain exact scientific information, its ultimate purpose is to give assistance to public authorities and to industry in dealing with the smoke problem and with public health questions arising out of it, and to this end a Standing Conference of Co-operating Bodies has been established to which all who are taking part in the work or who are contributing to the research funds are entitled to send representatives. In this way the closest possible contact is made between the Department, as responsible to the direction of the work, and the representatives of Local Authorities and Industry, as responsible for measurements and the practical application of the results. In the Report of the Standing Conference for the ten years ended 31st March, 1954, which was published in December, 1955 it is stated that the Conference "has followed with satisfaction the expansion of the work during the post-war period, and can note with some pride that the research has been ably backed by a rapid extension of the use of measuring instruments by the co-operating bodies." This is "encouraging evidence that Local Authorities are seriously concerned to ascertain and keep a watch on the state of the atmosphere in their areas."

The Swansea Public Health Department has participated in this scheme since 1st January, 1954, when a standard deposit gauge and a "lead peroxide candle" were installed on the roof of the Scala Cinema in Pentre-Guinea Road, St. Thomas. On the 1st July, 1954, similar instruments were put into operation on the roof of the Guildhall and at Llansamlet.

The deposit gauge is used to measure the rate at which atmospheric pollution is deposited and, by inference, the rate at which it is emitted into the air. It consists essentially of a glass bowl, 12 inches in diameter, which drains into a bottle of about 10 litres capacity, and after it has been exposed on the site for one calendar month the extent of pollution by deposited matter is determined by analysis of the solid and liquid fractions collected. The full examination of the deposit includes the determination of the volume of liquid (rain) collected, its pH value, and its content of calcium, chloride and sulphate ions and of total dissolved matter; the undissolved matter is weighed and analysed for ash, "tar" (i.e. material soluble in carbon disulphide), and other combustible matter.

The lead peroxide candle serves for the measurement of sulphur gases in the air. One of the most deleterious products of the combustion of fuels is sulphur present in the form of its oxides, mainly sulphur dioxide. Sulphur dioxide is discharged into the atmosphere with the chimney gases whatever fuel in the form of coal, coke, fuel oil or unpurified gases is burnt. A relatively small proportion of the sulphur contained in solid fuels is retained in the ashes, but the bulk of it goes into the atmosphere. It was estimated by the Beaver Committee on Air Pollution that in Great Britain, in the year 1953, no less than 5.2 million tons of sulphur dioxide were discharged into the atmosphere from the consumption of coal, coke and oil.

In the lead peroxide method of measuring sulphur dioxide, a small porcelain cylinder or "candle" coated with lead peroxide is exposed to the air for one month and then analysed for sulphates, since the sulphur dioxide taken up from the air is oxidised by the lead peroxide to sulphate. To protect the candle from rain and external damage during exposure it is housed in a louvered box. The results are expressed in empirical units, viz. milligrams of sulphur trioxide per day per 100 square centimetres of standard lead peroxide exposed in the standard apparatus; they thus provide comparative data only, but they do afford a means of comparing the intensity of pollution of the air by sulphur at different places and times and they give a useful indication of the relative effects of polluted atmospheres upon buildings, stonework, metals and paints.

Swansea Measurements for 1956 - The results obtained at the St. Thomas, Llansamlet and Guildhall stations during the year are given in Tables A, B. and C.

Deposited Matter - tons per square mile.

Type of Deposit	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Novr.	Decr.
TOTAL UNDISSOLVED MATTER	18.83	15.07	21.98	19.01	13.86	17.10	15.41	12.15	19.60	14.50	15.60	18.21
"Tar"	0.34	0.24	0.49	0.52	0.32	0.35	0.34	0.32	0.47	0.42	0.59	0.49
Other Combustible matter	9.97	7.53	8.54	7.52	3.96	6.96	3.71	5.25	8.15	6.06	6.02	6.81
Ash	8.52	7.30	12.95	10.97	8.58	9.79	11.36	6.58	10.98	8.02	8.99	10.91
TOTAL DISSOLVED MATTER	15.39	3.79	7.42	4.66	4.11	6.61	7.68	7.38	9.35	8.19	9.08	19.48
Calcium, Ca ⁺⁺	0.70	0.34	0.70	0.47	0.32	0.50	0.35	0.35	0.54	0.52	0.35	0.84
Chlorides, Cl ⁻	3.69	0.44	1.88	0.34	0.50	1.26	1.66	1.56	1.68	1.56	1.68	4.83
Sulphates, SO ₄	4.01	1.38	2.18	1.81	1.26	1.69	1.68	1.83	2.99	1.91	1.54	3.71
TOTAL SOLID MATTER DEPOSITED	34.22	18.86	29.40	23.67	17.97	23.71	23.09	19.53	28.95	22.69	24.68	37.69
Rainfall, in inches	6.34	0.37	1.61	1.70	1.59	2.82	4.70	5.58	5.35	1.81	1.34	5.82
pH value of filtrate from gauge	4.4	5.2	5.5	5.5	6.4	6.5	5.4	5.3	5.5	6.25	5.7	4.7
SULPHUR DIOXIDE, expressed as milligrams SO ₂ per 100 sq. cms. lead peroxide per day.	3.45	3.49	2.80	2.69	1.78	1.46	1.21	1.66	1.90	2.46	2.52	2.64

TABLE B.

STATION II - CHURCH ROAD, LLANSAMLET. MONTHLY RESULTS. 1956.

Deposited Matter - tons per square mile.

Type of Deposit	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
TOTAL UNDISSOLVED MATTER	9.19	4.83	12.45	18.07	12.44	14.07	11.77	14.90	12.38	9.29	7.76	18.44
"Tar"	0.21	0.32	0.17	0.51	0.20	0.35	0.31	0.51	0.39	0.34	0.27	0.51
Other Combustible Matter	5.35	1.22	3.47	5.26	3.60	4.80	1.99	6.01	4.07	3.53	2.37	7.11
Ash	3.62	3.29	8.81	12.30	8.64	8.92	9.47	8.38	7.92	5.42	5.12	10.82
TOTAL DISSOLVED MATTER	16.82	3.65	10.08	6.25	9.19	12.49	12.10	11.12	11.90	11.07	7.42	19.79
Calcium, Ca ⁺⁺	0.52	0.17	0.47	0.35	0.30	0.39	0.34	0.35	0.44	0.29	0.24	0.44
Chlorides, Cl ⁻	3.02	0.54	2.36	0.32	0.61	1.59	1.00	1.25	1.44	1.30	1.87	2.75
Sulphates, SO ₄	5.71	1.17	3.31	2.18	2.92	4.46	4.41	3.87	4.21	3.24	2.23	5.89
TOTAL SOLID MATTER DEPOSITED	26.01	8.48	22.53	24.32	21.63	26.56	23.87	26.02	24.28	20.36	15.18	38.23
Rainfall, in inches	6.21	0.37	1.57	1.42	1.63	3.44	4.42	5.96	6.03	1.67	1.39	4.62
pH value of filtrate from gauge	4.8	5.8	5.8	6.1	6.4	6.4	4.9	5.9	5.7	5.8	5.7	5.9
SULPHUR DIOXIDE, expressed as milligrams SO ₂ per 100 sq. cms. lead peroxide per day.	1.04	0.76	1.32	0.71	0.84	0.87	0.87	0.80	0.88	0.94	0.60	1.25

STATION III - THE GULF HALL - MONTHLY RESULTS, 1956.

Deposited Matter - tons per square mile.

Type of Deposit	Jan.	Feb.	Mar.	Apr.	May.	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
TOTAL UNDISSOLVED MATTER	11.27	5.10	11.65	9.10	5.17	5.96	6.79	4.95	9.42	7.99	7.67	7.99
"Tar"	0.19	0.25	0.14	0.30	0.15	0.51	0.20	0.34	0.35	0.52	0.30	0.14
Other combustible matter	4.00	1.96	3.97	3.18	1.64	2.21	3.63	1.86	3.28	2.92	2.72	2.14
Ash	7.08	2.89	7.54	5.62	3.38	3.24	2.96	2.75	5.79	4.55	4.65	5.71
TOTAL DISSOLVED MATTER.	10.91	3.02	8.33	4.07	3.07	5.59	5.49	6.82	7.26	5.68	6.88	21.02
Calcium, Ca ⁺⁺	0.52	0.24	0.79	0.32	0.20	0.30	0.29	0.30	0.54	0.34	0.25	0.68
Chlorides, Cl ⁻	3.07	0.35	2.50	0.29	0.47	1.27	1.40	2.01	1.79	1.52	0.84	7.19
Sulphates, SO ₄ ⁻	2.96	0.78	2.09	1.13	0.73	1.59	1.28	1.55	2.96	1.37	1.10	2.92
TOTAL SOLID MATTER DEPOSITED	22.18	8.12	19.98	13.17	8.24	11.57	12.28	11.77	16.68	13.67	14.55	29.01
Rainfall, in inches	5.72	0.21	1.08	1.28	1.05	2.26	3.52	4.74	4.83	1.27	1.05	4.74
pH value of filtrate from gauge	5.7	4.3	5.9	5.2	6.0	7.0	5.4	5.4	5.7	5.9	5.7	5.6
SULPHUR DIOXIDE, expressed as milligrams SO ₂ per 100 sq. cms. lead peroxide per day.	1.16	1.98	1.17	1.02	0.60	0.48	0.45	0.51	0.84	0.95	0.95	0.95

Deposited Matter. - It will be observed from these tables that at each of the three stations widely differing quantities of material are often collected in the deposit gauge in successive months. This is due to the fact that the rate of deposition of pollution in any one specified locality depends not only on the fuel consumed in that locality but also on rainfall, the strength and direction of the wind and other variable meteorological factors. Hence, only a small part of the differences is due to variations in the rate at which pollution is emitted. On an average over a long time, however, rainfall, wind, and the other meteorological variables are approximately the same, so that changes in the emission of atmospheric pollution can be detected. Experience has shown that reliable conclusions can be drawn from the data gathered at the same test-site over periods of five years, and for this reason it is the practice of the Fuel Research Station to issue periodically reports in which comparison is made of these five-yearly averages. In this way changes in the amount of atmospheric contamination can be determined and their significance can be statistically assessed. Trends in pollution are thus ascertained.

At the Fuel Research Station the data in respect of deposited matter obtained at each site is used also to investigate seasonal changes and for this purpose six-monthly summer and winter averages are calculated, the six months April to September inclusive being termed the "summer" months and the six months January, February, March, October, November and December are the "winter months".

If, as a result of accident or other cause, there are no figures for one of the "summer" or "winter" months, it is the general practice to insert for this month the average of the other five months for the purpose of calculating the Annual Total Deposit or the Monthly Averages for the year. Similarly if for any six-monthly period results for two of the months are not available, the average of the other four months is inserted for the "missing months" unless the missing results are for consecutive months, in which case no annual total or monthly averages are recorded. Fortunately, during 1956, the monthly results at all three Swansea stations were complete.

Table D shows the total amounts of the various pollutants deposited at the three Swansea stations during the year, while in Tables E and F the deposit gauge results for 1956 at St. Thomas and Llansamlet are compared with those for previous years. Unfortunately the rate of deposition in 1955 for the Guildhall site could not be recorded owing to a break in the results for three consecutive months due to the gauge being broken in a gale, hence a comparison with this year is not possible.

TABLE D.

Comparison of the Results obtained at the Swansea Stations for the whole year 1956.

Type of Deposit	Tons per square mile per year		
	Site No. 1 St. Thomas	Site No. 2 Llansamlet	Site No. 3 Guildhall
TOTAL UNDISSOLVED MATTER	201.3	145.6	93.1
Tar	4.9	14.1	3.4
Other combustible matter	80.5	48.8	33.5
Ash	115.9	92.7	56.2
TOTAL DISSOLVED MATTER	103.1	131.9	88.1
Calcium, Ca ⁺⁺	6.0	4.3	4.8
Chlorides, Cl ⁻	21.1	18.0	22.7
Sulphates, SO ₄	26.0	43.6	20.5
TOTAL SOLID MATTER DEPOSITED	304.4	277.5	181.2
Rainfall, in inches	39.0	38.7	31.8
pH value of filtrate from gauge:			
Maximum	6.5	6.4	7.0
Minimum	4.4	4.8	4.3
Average	5.5	5.8	5.6

TABLE E.

STATION I - ST. THOMAS.

Yearly Rates of Deposition . 1954 - 1956.

Type of Deposit	Tons per square mile per year.		
	1954	1955	1956
TOTAL UNDISSOLVED MATTER	271.3	306.3	201.3
Tar	4.9	8.0	4.9
Other combustible matter	148.0	119.0	80.5
Ash	118.4	179.3	115.9
TOTAL DISSOLVED MATTER	150.1	112.1	103.1
Calcium, Ca ⁺⁺	7.8	7.0	6.0
Chlorides, Cl [']	36.6	17.5	21.1
Sulphates, SO ₄	35.3	25.8	26.0
TOTAL SOLID MATTER DEPOSITED	421.4	418.4	304.4
Rainfall, in inches	62.2	38.7	39.0
pH value of filtrate from gauge:-			
Maximum	5.9	6.6	6.5
Minimum	4.6	4.6	4.4
Average	5.3	5.6	5.5

TABLE F.

STATION II - LLANSAMLET.

Yearly Rates of Deposition, 1955 and 1956.

Type of Deposit	Tons per square mile per year	
	1955	1956
TOTAL UNDISSOLVED MATTER	208.7	145.6
Tar	4.3	4.1
Other combustible matter	72.4	48.8
Ash	132.0	92.7
TOTAL DISSOLVED MATTER	134.1	131.9
Calcium, Ca ⁺⁺	5.7	4.3
Chlorides, Cl [']	15.5	18.0
Sulphates, SO ₄	39.2	43.6
TOTAL SOLID MATTER DEPOSITED	342.8	277.5
Rainfall, in inches	43.5	38.7
pH value of filtrates from gauge:-		
Maximum	6.6	6.4
Minimum	4.9	4.8
Average	5.6	5.8

From Table D it will be seen that during 1956 the rate of deposition of solid matter was highest at the St. Thomas station (304 tons per square mile per year), and lowest at the Guildhall site (181 tons), while Llansamlet was intermediate, (277 tons).

From Tables E and F it will be observed that the rates of deposition of total solid matters at St. Thomas and Llansamlet during 1956 were appreciably lower than in 1955. At both these sites the reduction was almost entirely due to the deposition of less water-insoluble matters i.e. grit, tar, soot and other carbonaceous matter. The rate of deposition at the Guildhall site for the year 1955 could not be ascertained as there were no results for the months of March, April and May owing to the special collecting bowl being broken during a gale in March of that year, but examination of the data that is available points to the rates of deposition of solid matter at this site for the years 1955 and 1956 being much the same.

According to the report of the Director of Fuel Research on the Investigation of Atmospheric Pollution for the Ten Years ended 31st March, 1954, the average monthly deposit for all the 110 sites at which deposit gauges were in operation over at least seven of these years was 18 tons per square mile. At six sites where the total amounts of deposit were among the highest recorded in the 5-yearly period 1949 - 1954 the average rate of deposition was 69 tons per square mile, and at six sites having the smallest amount of deposit during this same period the rate was 6 tons per square mile per month.

In order to facilitate comparison of the above figures with the Swansea results, the latter are given in Table G in the same terms, viz. in tons per square mile per month:-

TABLE G.

Average monthly rates of deposition of Solid Matter, 1954 - 1956.			
Station	Average Monthly Deposit Tons per Square Mile		
	<u>1954</u>	<u>1955</u>	<u>1956</u>
St. Thomas	35.1	34.9	25.4
Llansamlet	-	28.6	23.1
The Guildhall	-	-	15.1

Comparison of these figures with those from the Report quoted above shows that the average monthly deposit at the St. Thomas site for 1956 was nearly $1\frac{1}{2}$ times the general average and at Llansamlet it was almost 1.3 times the general average, despite the reduction already noted and again evident in Table G. There is, therefore, much room for further improvement in these areas. If however the reduction in deposited ash at these two sites during 1956 has not been due to some variation in meteorological conditions but, as seems likely, can be ascribed (at least in part) to a reduced emission of ash and grit from industrial sources, this can be regarded as a satisfactory beginning to the drive for purer air in these districts, particularly since, throughout the country, pollution of the air by grit or fly ash has been tending to increase in recent years due to the greater availability of small-sized coal, to the use of higher forced draughts and to the increased use of pulverised coal.

Sulphur Pollution during 1956. - The results of the measurements of the sulphur gases in the atmosphere by the lead peroxide method are given in Tables A, B. and C. on pages 143-145 inclusive. This method of estimating sulphur gives a measure of the activity of attack of the sulphur pollution upon buildings, building stones and materials. A clean rural atmosphere will give an average active sulphur pollution figure of approximately 0.25 mgm. SO₃ per 100 sq. cms. per day, while heavily polluted industrial areas give an average figure of 5 or more mgm. SO₃ per 100 sq. cms. per day. The seasonal and yearly variations at the three stations are shown in the table overleaf, together with the daily averages for the year 1955.

Table H - Sulphur Pollution in Swansea.

Station	<u>Sulphur Dioxide.</u>			
	Daily rate of absorption expressed as milligrams SO ₃ per 100 square centimetres of lead peroxide.			
	Summer Months 1956	Winter Months 1956	Whole Year 1956.	Whole Year 1955
St. Thomas	1.78	2.89	2.34	2.34
Llansamlet	0.83	0.98	0.91	0.91
The Guildhall	0.65	1.19	0.92	0.96

It will be noted that the pollution by active sulphur gases was practically the same in 1956 as in 1955. As was the case in 1955, the results at St. Thomas and the Guildhall show a marked seasonal variation, the air being noticeably freer from sulphur gases in summer than in winter. This is as might generally be expected since the amount of sulphur dioxide emitted from chimneys is in fairly strict proportion to the amount of coal burned, and during the summer months fires for domestic heating are only occasionally lighted whereas in the winter months they are generally lighted as a matter of course. At both these stations the sulphur figures in winter are between $1\frac{1}{2}$ and 2 times those for the summer months. At Llansamlet, however, the seasonal difference is always much less marked, indicating that the sulphur pollution in this area, is due mainly to industrial activity.

Measurement of Smoke. - Now that measurements are being made of deposited matters and sulphur gases at three sites in the Borough. I would like to suggest that the Health Committee give serious consideration to the installation of one or more instruments for the daily measurements of smoke and sulphur dioxide. Smoke is determined by drawing a known volume of air from outside through a standard intake and passing it through a white filter paper; the amount of smoke collected is estimated by comparing the darkness of the stain with a calibrated "scale of shades", the concentration of smoke being expressed as milligrams of smoke per 100 cubic centimetres of air. By passing the filtered air through a bubbler containing hydrogen peroxide, daily measurements of sulphur dioxide can be made at the same time. This smoke apparatus requires about 20 to 30 minutes attention at or near to a fixed time every day, except Sundays and Public Holidays, and it could be looked after by a member of the staff of the Chief Public Health Inspector.

Of the pollutants that are being regularly measured by co-operating bodies, the most interesting distribution is probably that of smoke, for it is not only a maker of extra work, but it affects public health both directly and indirectly by cutting off visible and ultra-violet daylight. Moreover, smoke is avoidable and a sign that fuel is being burned wastefully. The results are also of interest because when towns are re-planned or modernised the natural outcome is a reduction of the smoke nuisance. Every attempt to relieve overcrowding leads to a more even distribution of smoke in the town as a whole, and every improvement in fuel-burning equipment should reduce the total output of smoke. With the best equipment no smoke is made at all. But comparisons cannot be made without measurements and the passing of the new Clean Air Act, emphasises the necessity for such measurements.

The Extent and Effects of Air Pollution. - The smoke from domestic appliances, is estimated at about 1,000,000 tons per annum or about one-half of the total smoke emitted, although the coal consumption for domestic purposes is only about one-sixth of the total coal. Sulphur dioxide emitted into the atmosphere from burning fuels is estimated at 5,500,000 tons per annum, of which about 5,000,000 tons is from coal and 500,000 tons from oil. The grit and dust emitted from the burning of coal amounts to about 1,000,000 tons per annum mainly from industrial undertakings. The increased use of small sized high ash coal has accentuated the problem.

The effects of this pollution can be observed in the blackening of buildings and their deterioration, the corrosion of metalwork, the rotting of leather and fabrics, and the detrimental effects on agriculture. The effects on health are most noticeable in periods of polluted fog, as instanced by the 4,000 additional deaths in London during the "smog" period of December, 1952.

The cost of air pollution in Great Britain has been estimated at £250,000,000 per annum, equivalent to £10 per head of population in the black areas and £5 per head over the whole population. This excludes the loss of £25 - 50,000,000 from the imperfect combustion of coal.

The Clean Air Act, 1956. - In July, 1953, a Committee was appointed under the Chairmanship of Sir Hugh Beaver with the following terms of reference -

"To examine the nature, causes and effects of air pollution and the efficacy of present preventive measures; to consider what further preventive measures are practicable; and to make recommendations."

The Committee issued an Interim Report in November, 1953, and a Final Report in 1954, and its recommendations have been incorporated in the Clean Air Act of 1956. This Act deals with pollution caused by smoke including soot, ash and grit. "Dark smoke" is defined, and subject to certain defences and temporary exemptions, its emission from industrial chimneys and domestic premises is prohibited. Emission itself becomes an offence - the question of nuisance being caused and having to be proved does not now arise. Grit and dust emission must be minimised by practicable means, and all new furnaces burning pulverised fuel, must install approved dust-arresting plant. Power is also granted to any Local Authority to make an order (subject to Ministerial confirmation) declaring part or whole of its district a "smoke control area". Subject to specified exceptions and limitations, the emission of chimney smoke in such an area, on any day, is an offence. It is a defence if the emission was caused only by the burning of an authorised fuel.

Considerable variations in the terms and conditions of the order are possible. The provisions may be different for different parts of the area, and the order may be limited to specified classes of buildings, or may exempt specified buildings or classes of buildings. Specified fireplaces and classes of fireplaces may also be exempted. A smoke control area may therefore be a smokeless zone in the original sense of that term, or may be an area in which defined emissions of smoke are permitted.

For chemical and allied processes there exists the Alkali, etc. Works Regulation Act. This Act contains provisions for its extension by means of Statutory Orders as new processes develop. Works covered by the Act are registered, subjected to regular inspections, and the processes are required to be equipped with the best practicable means to reduce the discharge of noxious and offensive gases to the minimum. The Act is administered by the Alkali Inspectorate. The Clean Air Act now provides that the Alkali Act shall have effect in relation to smoke, grit and dust from scheduled processes as it has in relation to noxious or offensive gases, and that references in the Alkali Act to such gases shall be construed as including smoke.

The Clean Air Act also provides for the appointment of a Clean Air Council for England and Wales, of which the Minister of Housing and Local Government shall be the Chairman, and of a similar Council for Scotland of which the Secretary of State for Scotland shall be the Chairman. Both Councils are defined as consultative councils and their purposes are laid down as :

- (a) keeping under review the progress made (whether under this Act or otherwise) in abating the pollution of the air in England and Wales, and in Scotland; and
- (b) obtaining the advice of persons having special knowledge, experience or responsibility in regard to prevention of pollution of the air.

Certain provisions of the Act, including the provision to create "smoke control areas", came into operation on the 31st December, 1956, the remaining provisions, which deal with the prohibition of dark smoke, and the reduction of grit and dust from industry, will be brought into operation at a later date.

The passing of the Clean Air Act will mean a vigorous drive against atmospheric pollution in the next few years, particularly by the reduction of smoke and grit. Local Authorities, the Department of Scientific and Industrial Research, and Industry are all concentrating on pollution problems. During the last year or two many professional bodies have held meetings to discuss pollution in relation to their own industry or organisation. The desire for clean air has never been so widespread, but as the Beaver Committee said, "without systematic records in a number of areas over several years it is impossible to gauge the magnitude of the problems to be solved, or to measure the effects of changing conditions or ameliorative action". The importance of determining the concentration of smoke in Swansea cannot be over emphasised. To quote from the Beaver Reports again - "The system of measuring and recording pollution is not yet by any means adequate... A considerably greater number of daily records is required."

WATER SUPPLIES.

Sixty samples of water were submitted by the Public Health Department for chemical, physical and microscopical examination, 38 being from the Usk supply, 19 from the Cray supply, one from a bib-tap supplied from Townhill reservoir, and two were from the Beach sidings, British Railways.

The raw Usk water frequently contains traces of manganese in solution. Generally this is removed by the processing at Bryngwyn, but occasionally traces were found in the filtered water. The untreated Usk water is soft - approximately 42 degrees of hardness per million, but this is increased by about 10 parts per million as a result of liming to correct the acidity that arises from treatment with sulphate of alumina and from chlorination. The treated water is still soft, however, and all such samples were practically colourless, faintly alkaline and of good organic purity.

A sample of water taken from a bib-tap at a house receiving the Cray supply directly contained some fine suspended matter microscopical examination of which showed the presence of fibres, vegetable debris and some algal zygospores and siliceous particles.

The first of the two samples from the Beach Sidings of British Railways contained 4 parts per million of zinc and 0.2 part per million of iron, but the second sample taken a few months later was free from metallic contamination. The water was very soft.

The Waterworks Department submitted three samples of water for analysis. Two of these contained ferruginous deposits while the third was from a laundry where the management complained of large fluctuations in the hardness of the water. This complaint was not justified having regard to the analysis of this sample and also to the results of analysis of all the samples from the Usk supply during the previous twelve months, but scum from the used water, submitted through the Public Health Department consisted mainly of calcium soaps with some magnesium soap and contained 300 parts per million of manganese calculated on the dry scum. The presence of manganese in water tends to give a greyish cast to laundered fabrics and this may create the impression that the water is harder than actually is the case. It is seldom, however, that the treated Usk water contains manganese.

FERTILISERS AND FEEDING STUFFS.

Sixteen samples of fertilisers and eleven of feeding stuffs were submitted under the provisions of the Fertilisers and Feeding Stuffs Act, 1926, by the Chief Inspector of Weights and Measures. This Act requires Statutory Statements composition to be given with fertilisers and feeding stuffs and Regulations under the Act prescribe limits of variation between these statements and the actual composition of the article. On 1st January 1956, new Regulations came into operation. They are more flexible and realistic than those they replace, e.g. they provide greater tolerances for oil

and fibre declarations in many feeding stuffs and the value of hydrated lime is based upon its neutralising value instead of on its calcium hydroxide content. The methods of analysis contained in the Regulations have also been revised.

It is remarkable that all the fertiliser samples criticised, viz. two compound fertilisers, a dried blood and a superphosphate actually contained more of the active constituent than was declared - in three instances there was an excess of a phosphate ingredient and in the dried blood the nitrogen content was slightly in excess of the amount stated after allowance for the statutory limit of variation. The rest of the fertilisers complied with the statutory declarations within the limits of variation allowed.

A sample of a compound feeding stuff received on the 2nd January, 1956, was taken on the 30th December, 1955, and therefore it came under the Regulations of 1932 with its narrower limits of variation for oil. According to these Regulations it was deficient in oil, but under the new Regulations it would have been satisfactory. An informal sample of a compound meal contained a small excess of fibre, but when a formal sample was later obtained, the declared fibre content had been raised and the actual amounts of fibre and other declared constituents were all within the limits of variation allowed. With these two exceptions the feeding stuffs were satisfactory.

MISCELLANEOUS SAMPLES.

The following are brief particulars of other samples that were submitted for analysis during the year :-

- | | |
|--|--|
| From the Public Health Department | - Swimming Bath Waters (2), both of which were satisfactory. |
| From the Borough Engineer & Surveyor's Dept. | - Slag, for its sulphate content.
The laboratory was also consulted with regard to effluents from two works. |
| From the Waterworks Department | - Water deposits (5), sand, lime and lime sludge. |
| From the Port Health Authority | - Canned Lunch Tongues (4) all of which were virtually free from metallic contamination and complied with the Preservatives in Food Regulations. |

UN SOUND FOOD SURRENDERED AND DESTROYED.

<u>No. of Containers.</u>	<u>Commodity.</u>		<u>Tons.</u>	<u>Cwts.</u>	<u>Qtrs.</u>	<u>Lbs.</u>	<u>Ozs.</u>
2,024	Vegetables	...	1	1	0	18	11
1,999	Fruit	...	1	3	3	15	13
2,462	Meat	...	1	19	0	14	14
593	Milk	...	-	5	0	17	0
56	Fish	...	-	-	3	13	5
11	Soup	...	-	-	-	11	0
	Wet Fish	...	-	14	1	0	0
	Liquid Egg	...	-	-	2	0	0
	Seaweed	...	-	10	0	0	0
	Semolina	...	-	1	5	0	0
	Cake	...	-	-	2	4	0
	Faggots	...	-	-	2	0	0
	Syrup	...	-	-	-	2	0
	Cooked Meat	...	-	-	3	4	0
	Sausages	...	-	4	0	19	0
	Sweets	...	-	-	-	24	0
	Cooked Ham	...	-	3	2	3	0
	Carrots	...	1	10	0	0	0
	Dried Fruit	...	-	2	0	26	0
	Coconuts	...	-	3	1	20	0
	Tomato Soup	...	-	4	1	24	0
	Beef Livers	...	-	5	2	24	0
	Beef	...	-	16	1	2	0
	Sheep Livers	...	-	2	2	14	0
	Sheep Lungs	...	-	-	1	14	0
	Mutton	...	-	-	2	24	0
	Lamb	...	-	2	1	10	0
	Frozen Beef	...	1	7	0	3	0
	Chicken	...	-	7	1	5	0
	Turkey	...	-	-	-	18	0
	Bacon	...	-	-	3	1	0
	Grapes	...	-	-	-	27	0
	Cheese	...	-	1	2	11	0
	Raisins	...	-	-	-	14	0
	Potatoes	...	84	0	0	0	0
	Whole Egg	...	-	1	0	0	0
	Frozen Eggs	...	-	-	1	0	0
	Butter	...	-	-	-	2	0
	Jam	...	-	-	1	0	0

SWANSEA ABATTOIR - CARCASSES INSPECTED AND CONDEMNED.

	DESCRIPTION	Cattle Exclud- ings Cows	Cows	Calves	Sheep & Lambs	Pigs	TOTAL WEIGHT:-			
							Tons.	Cwts.	Qtrs.	Lbs.
All Diseases except F.B.	No. Killed	2,493	1,552	3,480	24,437	8,561	7	9	3	11
	Whole Carcasses condemned	6	28	15	47	7				
	Carcasses of which some part or organ was condemned	15	31	-	25	15	2	2	0	13
Tubercu- osis only.	Whole carcasses condemned	5	6	-	-	-	1	18	2	17
	Carcasses of which some part or organ was condemned	5	4	-	-	12	-	4	1	23
Cysticer- osis only.	Carcasses of which some part or organ was condemned	3	2	-	-	5	-	1	2	3
	Carcasses submitted to treat- ment by refrigeration	4	6	-	-	-	1	19	1	21
Orfal	Livers	3,711	-	55	2,994	152)			
	Part Livers	330	-	-	-	-)			
	Heads	323	5	88	2,162	70	)	1	0	2
	Lungs	341	50	33	1,721	110)			
	Tripes	71	16	3	22	13)			
	Intestines	67	12	4	6	4)			
TOTAL							35	17	0	6

FACTORIES.

Inspections.

Non-mechanical factories - Bakehouses	...	2
Miscellaneous	...	13
Mechanical factories - Bakehouses	...	32
Dressmakers & Milliners	...	1
Miscellaneous	...	63
Workplaces other than offices	...	1

Nuisances Abated.

Found.

Remedied.

Want of cleanliness	...	20	6
Inadequate ventilation	...	1	-
Sanitary conveniences - insufficient		4	-
- unsuitable or defective		8	1
- not separate for sexes		3	-
Other offences		14	1

Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises	Number on Register	Number of:-		
		Inspections	Written notices	Occupiers prosecuted.
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	190	222	11	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	494	483	40	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
	684	705	51	-

Cases in which Defects were Found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness ...	20	12	-	20	-
Overcrowding ...	-	-	-	-	-
Unreasonable temperature ...	-	-	-	-	-
Inadequate ventilation ...	1	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences -					
(a) Insufficient ...	4	2	-	4	-
(b) Unsuitable or defective .	9	6	-	7	-
(c) Not separate for sexes	6	2	-	2	-
Other offences against the Act (not including offences relating to Outwork)	11	6	-	31	-
TOTAL ...	51	28	-	35	-

MISCELLANEOUS.

Inspections.

Gypsies ...	...	23
Tents, Vans, Sheds or similar structures	...	28
Amusement places ...	...	46
Public Houses ...	...	200
Schools ...	...	32
Swimming baths ...	...	104
Tips ...	...	11
Accumulations ...	...	45
Backlanes ...	...	8
Swine and other animals ...	...	1
Piggeries ...	...	8
Smoke or Grit Observations	...	13
Seamen's Lodging Houses, Day	...	1
Common Lodging Houses, Day	...	11
Houses let in lodgings ...	...	1
Offices ...	...	16
Visits, not classified ...	...	90
Visits re Atmospheric Pollution	...	30

Nuisances Abated - Amusement Houses.

Water closets repaired ...	...	20
Cleanliness improved ...	...	8
Other repairs ...	...	13

<u>Tents, Vans, Sheds.</u>			
Removed	...	...	10
<u>Seamen's Lodging Houses.</u>			
Limewashing or cleansing carried out	...		2
Water closets repaired	...		1
<u>Houses Let in Lodgings.</u>			
Other repairs	...	...	3
<u>Urinals.</u>			
Other repairs	...	...	2
<u>Improvement Grants (Housing & Repairs Act)</u>			
	...		288
<u>Local Land Charges Registry Enquiries</u>			
	...		1,159
<u>Pharmacy and Poisons Act, 1933.</u>			
Visits	...	...	61
<u>Rag Flock Act, 1951.</u>			
Visits	...	...	6
<u>Pet Animals Act, 1951.</u>			
Visits	...	...	23
<u>Atmospheric Pollution.</u>			
Samples taken - Deposit Gauges	...		30
PBO ₂ Candles	...		30
<u>Complaints to:-</u>			
Water Engineer	...	...	22
Borough Engineer	...	...	26
<u>Plans Examined.</u>			
Satisfactory	...	...	943
Unsatisfactory	...	...	63
<u>Infectious Diseases.</u>			
Visits	...	...	734
Stools taken	...	...	1,273
Urines "	...	...	43
Visits to Public Health Laboratory	...	...	45

DISINFESTATION.

Gassings, Sprayings etc.

Rooms disinfected	...	518
Rooms sprayed	...	568
H.C.N. fumigations	...	3

Rodent Control (other than Sewers)

Visits	...	78
No. of visits	...	5,217
Baits laid	...	44,037
Bodies found - rats	...	189
mice	...	57

RODENT CONTROL REPORT FOR THE TWELVE MONTHS ENDED
31ST MARCH, 1957.

	TYPE OF PROPERTY				
	Non-Agricultural				(5) Agricultural
	(1) Local Author- ity	(2) Dwelling Houses (inc. Coun- cil Houses)	(3) All other (including Business Premises)	(4) Total of Cols. (1) (2) & (3)	
1. No. of Properties in L.A.'s District (Notes 1 & 2)	336	44,550	6,536	51,422	187
11. No. of Properties inspected as result of:-					
(a) Notifications	108	520	94	722	-
(b) Survey under Act	36	244	46	328	93
(c) Otherwise (e.g. when visited primarily for some other purpose)	6	32	13	51	-
111. Total inspections carried out including re-inspections (to be completed only if figures are readily avail- able)	-	-	-	-	-
1V. No. of properties inspected (in Section 11) which were found to be infested by:-					
(a) Rats - Major	63	166	72	301	-
- Minor	31	336	36	403	-
(b) Mice - Major	29	93	28	150	-
- Minor	14	187	13	214	-
V. No. of infested properties (in Section IV) treated by L.A. (Figures should NOT exceed those given in Section IV)	137	782	149	1,068	-

Rodent Control in Sewers.

	No. of M.H.'s Baited.	Partial Takes.	Complete Takes.	Total Takes.	No Takes
FOUL	5,449	2,802	929	3,731	1,718
S.W.S.	885	349	24	373	512
	6,334	3,151	953	4,104	2,230

Bait - Bread Crumb + 10% Arsenic.

Sausage Rusks + $2\frac{1}{2}\%$ Zinc Phosphide.

Rodent Control other than in Sewers (Borough Engineers).

No. of Baits laid	Partial Takes	Complete Takes	Total Takes	No Takes
2,898	798	1,529	2,327	571

APPENDIX.

Memorandum on the Report of the Committee of Enquiry into the Cost
of the National Health Service.

The following quotation appears at the beginning of the report:-

"Unlike other social movements of emancipation, that of personal and communal health demands and requires the assent and daily co-operation of those it would benefit. Health is not something which can be imposed by authority, it begins and flourishes only as it is practised. There is nothing under the sun more democratic, individualistic and co-operative. It calls for continuous education, for increase rather than decrease of responsibility for the vigilant and sensible application of the discoveries and verities of science."

Sir George Newman,
"Health and Social Evolution",
London 1931, pages 108-9.

1. The Committee of Enquiry into the cost of the National Health Service was appointed in May 1953, with the following terms of reference:-

"To review the present and prospective cost of the National Health Service; to suggest means, whether by modifications in organisation or otherwise, of ensuring the most effective control and efficient use of such Exchequer funds as may be available; to advise how, in view of the burdens on the Exchequer, a rising charge upon it can be avoided while providing for the maintenance of an adequate service; and to make recommendations."

2. The membership of the Committee was as follows:-

C.W. Guillebaud Esq., C.B.E., Chairman.
Dr. J.W. Cook, F.R.S.
Miss B.A. Godwin, O.B.E.
Sir John Maude, K.C.B.
Sir Geoffrey Vickers, V.C.

3. The Committee held its first meeting on the 13th May 1953 and in all held 51 full day meetings and 6 half day meetings.

4. The report was signed on the 16th November 1955 and presented to Parliament by the Minister of Health and Secretary of State for Scotland by Command of Her Majesty in January 1956.

5. The conclusion reached by the Committee can be briefly stated as follows:-

" IT WOULD BE ALTOGETHER PREMATURE AT PRESENT TO PROPOSE ANY FUNDAMENTAL ALTERATION IN THE STRUCTURE OF THE NATIONAL HEALTH SERVICE. WHAT IS NEEDED MOST AT THE PRESENT TIME IS THE PROSPECT OF A PERIOD OF STABILITY."

6. The report has been divided into eight parts:-

Part I. A review of the present and prospective cost of the National Health Service.

" II. An examination of the general administrative structure of the Service.

" III. The hospital and specialist services.

" IV. The family practitioner services.

" V. The Local Health Authority services.

" VI. The Whitley Council Machinery.

" VII. Miscellaneous points.

" VIII. Summary of conclusions and recommendations.

PART I - THE PRESENT AND PROSPECTIVE COST OF THE NATIONAL HEALTH SERVICE IN ENGLAND AND WALES.

7. In this task the Committee state that they have been greatly assisted by a detailed memorandum, prepared at its request, and submitted under the auspices of the National Institute of Economic and Social Research, which presents a statistical analysis of expenditure of the National Health Service in England and Wales during the period 1948 - 54. The purpose of the analysis is "to throw light on the principal factors, responsible for changes in the rate of expenditure during the period, so far as possible in a form which will help in trying to assess the probable future". The memorandum is to be published separately under the title "The Cost of the National Health Service in England and Wales" by Brian Abel-Smith and Richard M. Titmuss.
8. Unfortunately in the time available the authors have not found it possible to extend their study to include the cost of the Health Service in Scotland, but a number of tables prepared by the Department of Health for Scotland and published as Appendix 2 of the Report are included for comparative purposes.
9. FACTS ABOUT COSTS.

The memorandum prepared by Abel-Smith & Titmuss shows inter alia that:-

- (a) In England and Wales the current net cost of the National Health Service in productive resources was £371½ million in 1949/50. In subsequent years it rose roughly £15 million each year reaching £430½ million in 1953/54.
- (b) Expressed as a proportion of total national resources the current net cost of the Service fell from 3¼ per cent in 1949-50 to 3¼ per cent in 1953/4.
- (c) As during the period under review there was a considerable rise in prices, an attempt has been made to estimate the effect of price increases on the cost of the Service. Expenditure has been re-calculated at constant (1948/9) prices and wages and, in this way, the current net cost of the Service, expressed in "real" terms, was only £11 million greater in 1953/4 than in 1949/50. Thus the net diversion of resources to the National Health Service as a whole since 1949/50 has been of relatively insignificant proportion.
- (d) A major part of the rise in hospital expenditure was attributable to rising prices but the rise in the real volume of goods and services purchased was also substantial.
- (e) A major part of the rise in expenditure by local health authorities (£7 million of the £11 million increase in 1949/50 to 1953/4) was the result of rising prices. The rise of £4 million in the real volume of goods and services purchased occurred principally in the ambulance, domestic help and home nursing services.

FUTURE TRENDS IN THE COST OF THE SERVICE.

10. The Committee states "We cannot attempt to forecast how the cost of the National Health Service is likely to vary in say, the next twenty years; we can only point the way to some of the factors which will have a bearing on the future cost, e.g. the rate at which the country may be able to make good the existing deficiencies in the Service; the rate at which the hospital capital investment programme can be extended; fluctuation in the level of wages and prices; changes in medical techniques and in the incidence of disease and accidents; possible variations in the rates of charges paid by patients; the effect of population changes and other social factors on the use made of the Service etc."

PART II - THE GENERAL STRUCTURE OF THE NATIONAL HEALTH SERVICE.

11. After reviewing the basic organisation of the N.H.S. and the main proposals put to them for radical alteration, the Committee arrive at the following summarised conclusions.
12. The Committee do not favour the suggestion that statutory ad hoc health authorities should be appointed to administer the hospital, family practitioner and local health authority services. Other reasons apart, the Committee consider this suggestion unacceptable because it would remove from the local health authorities their important domiciliary health services, and would create a division between different types of public health work at least as serious as the present divisions within the National Health Service.
13. The Committee do not feel that a convincing case has been made out for transferring the hospital service to the local health authorities. Some form of regional authority will always be required for the efficient planning of a national hospital service, and if the service were to be managed by the local authorities, Joint Boards (or some similar bodies) would be necessary to carry out this planning function. The service would then be administered through the Health Departments, Joint Boards, local authorities, and presumably hospital managing committees. This administrative structure would not be calculated to improve the co-ordination of the service either at the national level or at the officer level; and would simply create new problems in the relationship between Joint Boards and local authorities.
14. As for the practicability of the proposal the Committee doubt very much whether the local authority machine would be able to carry the additional burden of the hospital service.
15. Nor do the Committee favour the proposal that all maternity, tuberculosis, chronic sick and infectious diseases hospitals and all mental deficiency institutions should be transferred at once to the local health authorities. The hospital service would be hopelessly disrupted if responsibility for its provision were divided between Regional Hospital Boards and local health authorities.
16. Similarly the Committee reject the proposal to transfer the work of Executive Councils to Local Health Authorities or to Regional Hospital Boards and the project for the appointment of a national board or corporation.
17. Their general conclusion is that the National Health Service laid down in the Acts of 1946 and 1947 was framed broadly on sound lines, having regard to the historical pattern of the medical and social services of this country. "We are strongly of opinion that it would be altogether premature at the present time to propose any fundamental change in the structure of the National Health Service", they say. "It is still a very young service and is only beginning to grapple with the deeper and wider problems which confront it. What is most needed at the present time is the prospect of a period of stability in order that all the various authorities and representative bodies can think and plan ahead with the knowledge that they will be building on firm foundations."
18. "What is essential is the recognition that the hospitals, the general practitioners and the local authority have each an indispensable task to fulfil in their respective spheres. They are however each severally only a part of a single N.H.S; and the efficiency of the Service depends not merely on the quality and quantity of the work that each of these branches performs within its own sphere, but on the degree to which they co-operate with one another to accomplish the ends for which the Service as a whole exists."

PART III - HOSPITAL AND SPECIALIST SERVICES.

19. A review of the organisation and finance of the hospital and specialist services both before and after the Appointed Day has been undertaken, and in the light of the evidence submitted to the Committee, they have arrived at the following conclusions and recommendations.
20. THE ROLE OF THE TEACHING HOSPITALS.
The Committee states "We do not feel that a convincing case has been made out for transferring the teaching hospitals in England and Wales to the Regional Hospital Boards. It seems to us that one of the dangers of a national hospital system lies in over-standardisation and uniformity ...". Accordingly we recommend that the teaching hospitals in England and Wales should continue to be administered by Boards of Governors appointed by and responsible to the Minister of Health.
21. POWERS AND FUNCTIONS OF HOSPITAL AUTHORITIES.
The Committee considers that two levels of management - i.e. the regional and group levels - to be essential for the efficient administration of the service. They state "We conclude that Regional Hospital Boards should be told, and H.M.Cs. should accept, that Regional Hospital Boards are responsible for exercising a general oversight and supervision over the hospital service in the Region. It is a corollary of this recommendation that the Ministry should leave the task of supervising the Hospital Management Committees to the Regional Hospital Boards and should not itself undertake this task over the heads of the Boards.
22. Other items reviewed and on which conclusions have been reached include medical consultation at Regional level, the issue of circulars, areas of Regional Hospital Boards, Hospital Grouping, the role of the House Committee, Volume of Committee work, appointment and composition of Hospital Boards, Management Committees and Boards of Management, hospital finance, hospital costing, hospital staffing and hospital supplies.

PART IV - THE FAMILY PRACTITIONER SERVICE.

23. Immediately before the inception of the National Health Service, the general practitioner service under the N.H. Insurance Scheme was administered by Insurance Committees, but with the advent of family practitioner services under the N.H.S. Act 1946, the functions of administration were undertaken by a new body - the Executive Council. Generally the area of an Executive Council is co-terminous with that of a local health authority.
24. The Committee conclude that the existing pattern of Executive Council areas is broadly right, on the grounds that boundaries should generally be co-terminous with those of local health authorities, so as to strengthen the link between the general practitioner and the domiciliary health services. It was emphasised by witnesses who opposed any amalgamation that the general practitioner should be the clinical leader of the local domiciliary health team.
25. In considering the general practitioner and the hospital service, the Committee state "We emphasise the need for the closest possible co-operation between the general practitioners and the hospital service Our main concern with this aspect of the N.H.S. is that the service should operate in the most efficient and economical way possible. It is desirable that, whenever practicable, patients should be treated in their own homes by the general practitioner and the local health services, instead of being admitted to hospital where the running costs are high should be discharged at the earliest practicable date, any necessary follow-up treatment being provided either in the hospital out-patient department or at home by the general practitioner and the home health services."

26. With regard to the general dental services, the Committee state "Oral disease is one of the most common of all diseases and we suggest that opportunities for preventive health in this field are outstanding". Included in the suggestion for its development is the more efficient dental service for mothers, young children and school children.
27. With regard to dental health education, it is suggested that dental health education is a matter no less important than research; and attention is drawn to the local health authority's clinics and health visiting service in this aspect of preventive health.
28. Reviewing the dental service for mothers and children the committee disregard the proposal that responsibility for the clinic dental services should be transferred from local authorities. It is suggested that one of the lessons to be learned from the last seven years is that, if the local authority services and the general dental services are to be developed in step, then it is essential that some balance should be kept in the levels of remuneration in these two branches of the Service.
29. With regard to charges for the family practitioner services, the Committee has concluded that no convincing case has been made out for the imposition of new charges. The conclusion applies equally to the hospital and local health authority services.
30. When considering charges that already exist the following conclusions have been reached:-
- (i) Charges for Dentures. Charges to remain so long as the number of dentists remains insufficient.
 - (ii) Charges for Dental Treatment. It is regarded that the reduction of this charge should have the highest priority when additional resources become available.
 - (iii) Charges for Spectacles. It is recommended that, when the resources become available, a fairly high priority (second only to dental treatment charges) be given to a substantial reduction in the amount of charges for spectacles.
 - (iv) The Shilling Prescription Charge. Although the evidence is not wholly conclusive on the matter, the Committee states that there is no reason to think that the shilling prescription charge hinders the proper use of the Service by at least the great majority of its potential users. It is not considered that its removal at the present time would improve the working of the Service to an extent commensurate with its cost, having regard to the other developments which we foresee or recommend in the Report.

PART V - THE LOCAL HEALTH AUTHORITY SERVICES.

31. In this section, after reviewing the services provided before 1948 they go on to list the services provided under Part III of the National Health Service Act 1946 (local health authority services) and explain the financial arrangements and exchequer grant. indicate what services can be charged for and mention exchequer control.
32. In the day-to-day running of the various services which they provide, local health authorities have a large measure of freedom within their approved proposals. The basis of grant aid for the services leaves 50 per cent of the cost as a charge to local rates, and there is thus a substantial inducement to economical administration on the

part of the authority. The Exchequer interest in the financial arrangement is safeguarded.

(i) by the requirement that proposals for the provision of the services must be submitted to the Minister of Health and are approved only after such modification as the Minister considers necessary.

(ii) by control of the capital building programme.

(iii) by an examination of the annual estimates; and

(iv) by the requirement that the accounts are subject to audit by the district auditor.

33. After considering the points raised in evidence the Committee came to the following conclusions.

34. In regard to the organisation of the local health authority services the Committee say they noted with interest that a number of authorities have taken steps with satisfactory results to combine the administration of their local health and welfare services under one committee (the health committee) of the council. In the majority of areas, however, these services are still administered by two separate committees of the county council or county borough council - i.e. the health committee and the welfare committee. The Committee recommend that all authorities who have not yet done so should review the working of their health and welfare services to see whether their efficiency might be improved, and the interests of patients better served, by combining their administration under one committee of the council, or under a joint sub-committee.

It is recommended that, as soon as financial circumstances permit, the existing Exchequer subsidy towards the cost of providing new residential accommodation under section 21(1) of the National Assistance Act be abolished, and that instead the net expenditure (both capital and current) incurred in providing all residential accommodation of this type should attract a 50 per cent. Exchequer grant. In return, the Minister of Health and the Secretary of State would be able to require local welfare authorities to develop their services, as and when the state of the national economy will permit, on a scale commensurate with the needs.

35. It is considered that the wisest course to pursue at the present moment with regard to health centres is to continue an experimental approach towards their development and to accumulate information about the experience gained from the centres already in operation. Where there is an urgent need for new maternity and child welfare clinics and surgery accommodation - e.g. in areas of new housing development, or in heavily populated industrial communities where the existing facilities are clearly inadequate, there would seem to be a valid case for developing health centres.

36. It seems to the Committee that the time has now come for an appropriate body to review the whole of the maternity and child welfare field to find out precisely what services - medical and educational - are needed for mothers and young children and how they can best be provided through the frame-work of the National Health Service.

37. On the subject of the care of the aged it has been suggested that there is a need for "half-way" houses to fill the "gap" between the local authority and hospital provision. In the Committee's view, however, the introduction of a third type of accommodation would be more likely to confuse than clarify the position. (The term 'half-way house' is used here to denote a special type of accommodation where old people would be cared for as long-stay patients. The Committee point out that the term 'half-way house' has also been applied to convalescent homes for the aged through which old people may pass on their way from

active hospital treatment either to their own homes or to local authority welfare homes. They see no objection whatever to this latter type of provision for the aged, which forms a proper part of the hospital service).

Reference is made to the Chronic Sick Survey now being carried out by the Ministry of Health in certain areas, and the Committee welcome the interpretation of statutory responsibility adopted by the Ministry in relation to the hospital and local authority services. This interpretation seems to resolve many practical difficulties and doubts. It makes clear beyond doubt that there are circumstances in which old people may properly be given nursing care in welfare homes; it guards against the reappearance of the old "infirmary" wards in local authority residential accommodation; and it provides a comprehensive service with no gaps between the hospital and local authority responsibilities. The evidence presented to the Committee suggests that there is a marked shortage of residential accommodation (including nursing care in certain circumstances) for those who are unable to live in their own homes, but are not in need of hospital treatment and that until recently the shortages may have been due in part to the restrictions imposed by the Health Department on capital development generally. When the capital position becomes easier, however, there is reason to believe that further progress may be hindered by the unwillingness of some local authorities to increase still further their rate burden; it is for this reason that the committee make their recommendation in favour of the introduction of an Exchequer grant towards the cost of financing this type of residential accommodation.

38. In regard to the ambulance service, after considering the suggestion that administrative responsibility for its provision should be transferred from the local health authorities to the hospital authorities, the Committee conclude that the arguments against the proposed transfer are decisive. They are also of the opinion that the introduction of a charge for ambulance journeys could not in any event be justified on financial and administrative grounds.

PART VI - WHITLEY COUNCIL MACHINERY.

39. After examining the working of the Whitley Council machinery the Committee suggest that the Management Sides and the Staff Sides of the Whitley Councils might profitably explore the methods which have been used by other large-scale undertakings to introduce flexibility into national agreements.
40. It is also recommended that the representation of Regional Hospital Boards and Hospital Management Committees on the Management Sides should be substantially increased.

PART VIII - GENERAL.

41. One of the general recommendations is that the Health Department should set up a Research and Statistics Department which would devote the whole of its time to statistical investigation and operational research in general, and would consider what information is now lacking as to the working of the National Health Service and how this information might best be produced.

Once the Research Department had established that an inquiry into a particular aspect of the Service was desirable, existing bodies would normally be invited to do the necessary research work.

42. As a means of improving co-operation within the Health Service the Committee recommend that the Medical Officer of Health or a member of his staff should be given an honorary appointment on the medical staff committee of a hospital, and Regional Boards should review their arrangements for consultation with the medical profession and should consider the appointment of medical consultative committees at the Regional level containing representatives of the consultants, the University, the Medical Officers of Health and general practitioners in the region.

PART VIII - SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS.

43. The conclusions and recommendations of the Committee have been included in each part of this memorandum.

RESERVATIONS ABOUT THE ROLE OF THE TEACHING HOSPITALS IN ENGLAND AND WALES: ABOUT N.H.S. CHARGES: AND ABOUT HOSPITAL PATIENTS TRAVELLING EXPENSES.

44. One member of the Committee, Miss B.A. Goodwin, O.B.E., in a reservation about the role of the teaching hospitals in England and Wales expresses the view that the teaching hospitals should be integrated into the regional structure. Subject to an exception which is mentioned in her reservation, Miss Goodwin is unable to agree that there is a case for retaining even on a temporary basis the charges (including charges for appliances other than dentures and spectacles) imposed since 1948. She also considers that there is a strong case for making special provision for payment of travelling expenses otherwise than through the Assistance Board in certain cases.
45. Sir John Maude, K.C.B., sets out at some length a reasoned reservation about the structure of the National Health Service. He reaches, however, the conclusion that to attempt under existing conditions to transfer to local health authorities the hospital and specialist services would be inadvisable. Whether at some future date, he says, it may be found expedient to revert to the earlier conception of a unified health service organised on local government lines, time alone can show. "Our report" he adds "indicates some of the difficulties. They would be great but not, I think, insuperable if an adequate re-organisation of local government administration and finance, having amongst its principal objects, the transfer to local authorities of responsibility for the National Health Service as a whole were effected."
46. You will have noticed paragraph 18 which states that each section of the N.H.S. has an indispensable task to fulfil and that the efficiency of the Service depends amongst other things on the degree to which each of the several parts of the Service co-operate with one another to accomplish the ends for which the Service exists. It is not without interest to record the following quotation from the preface of my Annual Report for 1952, which included a special survey of the Local Health Services provided under the National Health Service Acts.
- "If the main object of the service is continually kept in mind - that is a (health) service for the people - and the three units (parts) co-operate to achieve this end, instead of working in isolation, then all should be well."
47. It has been our constant endeavour at all times to improve our own services, and where it has been considered necessary to seek the co-operation of the other parts of the Service to achieve this end, we have sought, and I am happy to say obtained their co-operation. If on the other hand, the other parts of the Service required our co-operation we have been willing to do so.
48. As Medical Officer of Health, I attend the Welsh Regional Hospital Board Liaison Committee of Medical Officers of Health, The Glantawe H.M.C. the Cefn Coed H.M.S., the Swansea Executive Council, the Medical Staff Committee of the Glantawe H.M.C., and the Local Medical Committee of the B.M.A. Attendance at these meetings gives me an opportunity of following the trends of work undertaken by these several committees and also when necessary to put the department's point of view. It also affords me an excellent opportunity of liaising with the officers of the other branches of the Service; and exploring the ground for further co-operative work. Examples of this co-operation between the Services locally are shown below:-
- (a) Many Consultants now undertake sessions in our own clinics, e.g. E.N.T., Ophthalmic, Orthopaedic, Paediatrics. There is also a very close liaison between the department and the Chest Consultant.

- (b) Exchange of medical notes and records between the clinics, general practitioners and hospitals.
- (c) The local hospitals provide the department with a list of discharges from hospitals;
- (d) Co-operation between the general practitioners on the one hand and health visitors, district nurses and midwives on the other in the home treatment of patients.
- (e) Hospital visits for ward rounds by health visitors.

49. In conclusion I would like to say that I am of the opinion that the general pattern of our local health and welfare services follow the lines of the recommendations made by the Committee, viz:

- (a) The administration of the local health and welfare services is undertaken by one committee.
- (b) In the field of preventive health every effort is being made to integrate the home health services more closely with the general practitioner, hospital and welfare services. A chiropody service is provided for the residents of the Old People's Homes and the Committee is aware that a limited Chiropody Service is provided voluntarily for old people by the Swansea Old People's Welfare Committee. At the moment this service cannot be provided by the department because there is no provision in the National Health Service Act, but the Committee of enquiry recommend the development of a chiropody service under the N.H.S. Act when conditions permit.
- (c) Regarding the Maternity and Child Welfare Services, the Committee state "we would suggest however that the following principles might be borne in mind by any Committee which may be appointed to review the maternity services.
- (d) Preventive medicine begins with the expectant mother and her unborn child. It is vitally important that all expectant mothers should receive advice on mothercraft, diet, care of the unborn child etc., and that the responsibility for providing this advice should be clearly known to the authorities and officers concerned." Such advice is, of course, given at our ante- and post-natal clinics.

50. Finally, I would however mention that it is not regarded as the responsibility of the Welfare Authority to give prolonged nursing care to the bedfast, nor as desirable that separate "infirmary wards" should be created in large homes in which patients from other homes are concentrated. The Committee is aware that it has been necessary for this to be done at "St. Margaret's", where a "sick bay" has been provided for residents until such time as suitable vacancies are available for them in hospitals. The Committee of Enquiry does not wish to criticise this form of accommodation in any way; in fact, they appreciate what has been done, but they do not wish it to form a permanent feature of the care of the aged.